#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,809 MOP024

TRINITY COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

IRINIII COONII	SUMMARI OF SER	VICES FOR CASH G	KANI .	- AGED		AID CODE		0.7m		~=	
000 51 5655 56	aa		_		2		M			GE	
880 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
0.000.00	61.0	OR DAYS OF CAR		210 245 04		R UNIT/DAY			USER	<u> </u>	ELIGIBLE
@TOTAL, ALL PROVIDERS	610	7,654	\$	310,345.84	\$	40.55	8.698		508.76		352.67
@PHYSICIANS SERVICES	152	562	\$	8,633.50	\$	15.36	.639	Ş	56.80	\$	9.81
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	152	562		8,633.50		15.36	.639		56.80		9.81
@PHARMACY	520	2,549	\$	163,372.79	\$	64.09		ċ		\$	185.65
-	518	•	Ą		Ş	64.44	2.897 2.778	Ą	304.15	Ą	179.04
PRESCRIPTION DRUGS	12	2 , 445 86		157,552.18		37.88	.098		271.49		3.70
SNF/ICF	508	2,359		3,257.83		65.41	2.681		303.73		175.33
OUTPATIENTS	40	•		154,294.35							
MEDICAL SUPPLIES	32	104 82	Ċ	5,820.61	Ċ	55.97	.118	ċ	145.52	ć	6.61
@DENTIST	32 15		\$	9,531.00	\$.093	Þ	297.84	Ş	10.83
VISITS - DIAGNOSTIC		34		499.00		14.68	.039		33.27		.57
ORAL SURGERY	3	13		479.00		36.85	.015		159.67		.54
DRUGS	•	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	Ţ	1		200.00		200.00	.001		200.00		.23
ENDODONTICS	4	4		1,065.00		266.25	.005		266.25		1.21
RESTORATIVE DENTISTRY	8	9		2,243.00		249.22	.010		280.38		2.55
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	12	21		5,045.00		240.24	.024		420.42		5.73
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,810 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

TRINITY COUNTY	SUMMARY OF SERV.	ICES FOR	CASH GRA	ANT -	AGED		AID CODE					
								MO			GΕ	
880 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		CRAGE COST		S			COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	11		29	\$	842.95	\$	29.07	.033	\$		\$.96
DIAGNOSTIC AND ANC. PROCED	7		7		332.15		47.45	.008		47.45		.38
EYE APPLIANCES	7		19		407.30		21.44	.022		58.19		.46
OTHER OPTOMETRIC SERVICES	3		3		103.50		34.50	.003		34.50		.12
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	¢	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	52		231	\$ \$	14,496.36	\$	62.75	.263		278.78	\$	16.47
HOSP INPATIENT TOTAL	18		77	۲	10,672.27	Y	138.60	.088	Υ	592.90	Y	12.13
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
ACCOMMODATIONS	0						.00			.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00			.000				
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	•		-		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	18		77		10,672.27		138.60	.088		592.90		12.13
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35		154		3,824.09		24.83	.175		109.26		4.35
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	35		154		3,824.09		24.83	.175		109.26		4.35
@COUNTY HOSPITAL TOTAL	22		97	\$	5 , 672.66	\$.110	\$		\$	6.45
CO HOSPITAL INPATIENT TOTAL	6		43		4,409.55		102.55	.049		734.93		5.01
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6		43		4,409.55		102.55	.049		734.93		5.01
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16		54		1,263.11		23.39	.061		78.94		1.44
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	Ö		Ö		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	ű		Ü		. 3 0					• • •		• • • •

.00 RADIOLOGY 0 0 .00 .000 .00 .00 .000 0 0 .00 .00 .00 .00 ROOM USE 1,263.11 23.39 .061 54 78.94 CROSSOVERS/ALL OTH OUTPTNT 16 1.44 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,811

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 1

FEE-FOR-SERVICE/DENTAL

MOP024

TRINITY COUNTY	SUMMARY OF SERVICE	S FOR CASH GRA	NT -	AGED	AID CODE	10				
						N	IONI	HLY AVERA	GE.	
880 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	'S	COST PER		COST PER
		R DAYS OF CARE			PER UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31		\$	8,823.70	\$ 65.85	.152		284.64		10.03
COMM HOSP INPATIENT TOTAL	12	34		6,262.72	184.20	.039		521.89	•	7.12
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	Ô		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Û		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	12	34		6,262.72	184.20	.039		521.89		7.12
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	100		2,560.98	25.61	.114		128.05		2.91
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	ŭ	100		2,560.98	25.61	.114		128.05		2.91
@STATE HOSPITAL	0		ċ	•	\$.00		\$.00	Ś	.00
•	0	0	\$.00			Ş	.00	Ş	
MENTALLY ILL	0			.00	.00	.000				.00
DEVELOP. DISABLED	17	0 395	\$.00	.00 \$ 232.87	.000	ċ	.00 5410.76	ċ	.00
@NURSING FACILITY	0		P	91,982.93		.449	\$		\$	104.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	•		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	•		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE		0		.00	.00	.000		.00		.00
LEV B-REGULAR	17	395	_	91,982.93	232.87	.449		5410.76		104.53
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00		\$.00	Ş	.00
ICF DDH	U	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	7		\$	61.83	\$ 5.15		\$	8.83	\$.07
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	7	12		61.83	5.15	.014		8.83		.07
@ORGANIZED OUTPATIENT CLINIC	61		\$	3,851.53	\$ 43.77	.100	Ş	63.14	\$	4.38
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	1	1		532.00	532.00	.001		532.00		.60
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	60	87		3,319.53	38.16	.099		55.33		3.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MON	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC	2002	P	PAGE 15,812

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

					MON	THLY AVERAC	GE
880 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	149	3 , 706 \$	17,572.95	\$ 4.74	4.211	117.94	\$ 19.97
DURABLE MED. EQUIP.	5	9	5,396.05	599.56	.010	1079.21	6.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	8	1,762.35	220.29	.009	440.59	2.00
MEDICAL TRANSPORTATION	26	531	2,753.77	5.19	.603	105.91	3.13
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	75	358.28	4.78	.085	51.18	.41
OTHER SERVICES	21	456	2,395.49	5.25	.518	114.07	2.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	25	309.80	12.39	.028	25.82	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.002	78.86	.09
PROSTHETICS	1	2	78.86	39.43	.002	78.86	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	113	3,131	7,272.12	2.32	3.558	64.36	8.26
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	273	1,501 \$	46,506.89	\$ 30.98	1.706	170.35	\$ 52.85

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,813 MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 01/17/03

						MOI	NTHLY AVERA	GE
153 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	111	2,145	\$	56,787.34	\$ 26.47	14.020	511.60	\$ 371.16
@PHYSICIANS SERVICES	28	61	\$	2,224.05	\$ 36.46	.399	79.43	\$ 14.54
OUTPATIENT VISITS	10	14		518.79	37.06	.092	51.88	3.39
OFFICE VISITS	9	13		450.44	34.65	.085	50.05	2.94
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.007	68.35	.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	3		148.80	49.60	.020	148.80	.97
HOSPITAL VISITS	1	3		148.80	49.60	.020	148.80	.97
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.94	47.47	.013	47.47	.62
EXAMINATIONS	2	2	94.94	47.47	.013	47.47	.62
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	485.48	242.74	.013	242.74	3.17
PRINCIPAL SURGEON	2	2	485.48	242.74	.013	242.74	3.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.78	12.78	.007	12.78	.08
RADIOLOGY	6	6	64.87	10.81	.039	10.81	.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	17	33	898.39	27.22	.216	52.85	5.87
@PHARMACY	94	1,246	\$ 22,154.49	\$ 17.78	8.144	\$ 235.69	\$ 144.80
PRESCRIPTION DRUGS	89	325	18,620.76	57.29	2.124	209.22	121.70
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	89	325	18,620.76	57.29	2.124	209.22	121.70
MEDICAL SUPPLIES	18	921	3,533.73	3.84	6.020	196.32	23.10
@DENTIST	7	36	\$ 1,127.00	\$ 31.31	.235	\$ 161.00	\$ 7.37
VISITS - DIAGNOSTIC	5	17	202.00	11.88	.111	40.40	1.32
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.007	215.00	1.41
RESTORATIVE DENTISTRY	2	6	307.00	51.17	.039	153.50	2.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	12	403.00	33.58	.078	403.00	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 15,814
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	T - BLIND	AID CODE	20		

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 7 \$ 133.15 \$ 19.02 .046 \$ 66.58 \$.87

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 @OPTOMETRIST 1 6 DIAGNOSTIC AND ANC. PROCED .31 EYE APPLIANCES 0 OTHER OPTOMETRIC SERVICES .00 .00 @CHIROPRACTOR VISITS 0 1 \$ 0 .00 OTHER SERVICES .04 @PODIATRIST MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 1 0 \$ 0 \$ OTHER .04 HOME HEALTH AGENCY
NURSE ANESTHESIST
NURSE MIDWIFE @HOME HEALTH AGENCY .00 0 \$.0 0 \$.00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS 0 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 0 ADMINISTRATIVE DAYS 0 3 0 10 TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT 0 .00 .00 .00 .00 4,334.80 18.06 1.569 173.39 1,429.10 51.04 .183 79.39 105.42 105.42 .007 105.42 491.91 10.04 .320 44.72 .00 .000 .00 .00 25 240 28.33 HOSP OUTPATIENT TOTAL MEDICAL 18 28 SURGERY 1 1 .69 11 49

 491.91
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 PATHOLOGY RADIOLOGY 14 31 31 126 104 \$ ROOM USE 8 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 14 CO HOSPITAL INPATIENT TOTAL 1 HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	101	2,476.19	24.52	.660	176.87	16.18
MEDICAL	13	18	1,084.06	60.23	.118	83.39	7.09
SURGERY	1	1	105.42	105.42	.007	105.42	.69
PATHOLOGY	9	44	422.16	9.59	.288	46.91	2.76
RADIOLOGY	4	4	132.66	33.17	.026	33.17	.87
ROOM USE	6	7	389.34	55.62	.046	64.89	2.54
CROSSOVERS/ALL OTH OUTPINT	5	27	342.55	12.69	.176	68.51	2.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 15,815
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		
					MONTH	DITT V ATTED A	7.00

ININIII COONII	SOPPART OF SERV	TCES FOR	CASII GIV	-714 T	DHIND		AID CODE	MC	יחיותר	מודע אוודם א	CF	
153 ELIGIBLES	USERS	UNITS OF	CEDVITCE		EXPENDITURES	7/1/2	DACE COST	UNITS/DAYS			-	COST PER
133 EDIGIDDES	OSEKS		OF CARE		EXFENDITORES			PER ELIG)	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	OK DAIS	149	\$	1,878.61	\$	12.61	.974	Ċ	144.51		12.28
COMM HOSP INPATIENT TOTAL	1		10	۲	20.00	Ą	2.00	.065	Ų	20.00	۲	.13
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0											
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		-		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		10		20.00		2.00	.065		20.00		.13
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12		139		1,858.61		13.37	.908		154.88		12.15
MEDICAL	5		10		345.04		34.50	.065		69.01		2.26
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		5		69.75		13.95	.033		34.88		.46
RADIOLOGY	1		1		28.69		28.69	.007		28.69		.19
ROOM USE	9		24		648.10		27.00	.157		72.01		4.24
CROSSOVERS/ALL OTH OUTPINT	3		99		767.03		7.75	.647		255.68		5.01
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		0	\$	2,574.00	\$.00	.000	\$	2574.00	\$	16.82
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		0		2,574.00		.00	.000		2574.00		16.82
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	·	.00	·	.00	.000		.00	·	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	т	.00	т.	.00	.000	4	.00	- T	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1		2	\$	42.38	\$	21.19	.013	Ś	42.38	Ś	.28
HOSPITAL BASED	0		0	т	.00	Τ	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	1		2		42.38		21.19	.013		42.38		.28
@LABORATORY FACILITY	Q Q		28	\$	545.33	\$	19.48	.183	Ś	60.59	Ś	3.56
PATHOLOGY	Q Q		28	Y	545.33	Y	19.48	.183	۲	60.59	Y	3.56
XO AND OTHERS	<i>⋺</i>		0		.00		.00	.000		.00		.00
VO VIID OTHERS	0		U		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	11	17 \$	1,566.47	\$ 92	.15	.111	\$ 142.41	\$ 10.24
CLINIC	2	4	57.95	14	.49	.026	28.98	.38
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13	1,508.52	116	.04	.085	167.61	9.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2002	THRU D	EC 2002	PAGE 15,816
MOP024	FEE-FOR-SERVICE/D	ENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	ES FOR CASH GRAN	r - BLIND	AID	CODE 20			
						MOI	NTHLY AVERAG	E
153 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNIT	S/DAYS	COST PER	COST PER

							JNIHLI AVERA	1GE	
153 ELIGIBLES	USERS	UNITS OF SERVIC	€	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	29	490	\$	15,137.66	\$ 30.89	3.203	\$ 521.99	\$	98.94
DURABLE MED. EQUIP.	3	67		8,988.55	134.16	.438	2996.18		58.75
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	6	12		1,796.39	149.70	.078	299.40		11.74
MEDICAL TRANSPORTATION	5	221		1,999.52	9.05	1.444	399.90		13.07
AMBULANCES/AIR TRANS	4	105		900.42	8.58	.686	225.11		5.89
OTHER TRANS	1	116		1,099.10	9.48	.758	1099.10		7.18
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	2	6		47.60	7.93	.039	23.80		.31
PHYSICAL THERAPIST	6	25		350.93	14.04	.163	58.49		2.29
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	4	8		264.97	33.12	.052	66.24		1.73
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3	118		1,476.68	12.51	.771	492.23		9.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	3	33		213.02	6.46	.216	71.01		1.39
@CALIF. CHILDREN SERVICES*	9	47	\$	8,686.43	\$ 184.82	.307	\$ 965.16	\$	56.77
@XOVER EXCLUDING STATE HOSP**	17	157	\$	4,051.66	\$ 25.81	1.026	\$ 238.33	\$	26.48

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----6,254 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 4,897 78,921 3,882,097.39 \$ 49.19 12.619 \$ 792.75 \$ 620.74 @TOTAL, ALL PROVIDERS 1.002 \$ 156.22 \$ 41.71 6,264 260,881.09 \$ 41.65 @PHYSICIANS SERVICES 1,670 .223 59.72 859 36.75 8.20 OUTPATIENT VISITS 1,396 51,301.93 38,677.47 33.31 .186 .00 .000 OFFICE VISITS 755 1,161 51.23 6.18 0 HOME VISITS 0 .00 .00 .00 EMERGENCY ROOM 121 152 8,889.27 58.48 .024 73.47 1.42

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	16	52		2,314.11		44.50	.008		144.63		.37
OTHER OUTPATIENT	22	31		1,421.08		45.84	.005		64.59		.23
INPATIENT VISITS	116	453		23,595.47		52.09	.072		203.41		3.77
HOSPITAL VISITS	105	408		18,852.09		46.21	.065		179.54		3.01
CRITICAL CARE	15	37		4,498.38		121.58	.006		299.89		.72
SNF/ICF/TRANS IP CARE	5	8		245.00		30.63	.001		49.00		.04
OPHTHALMOLOGICAL SERVICES	27	30		1,389.50		46.32	.005		51.46		.22
EXAMINATIONS	27	29		1,354.21		46.70	.005		50.16		.22
SERVICES AND MATERIALS	1	1		35.29		35.29	.000		35.29		.01
INPATIENT HOSPITAL SURGERY	47	281		32,615.06		116.07	.045		693.94		5.22
PRINCIPAL SURGEON	35	54		25,723.87		476.37	.009		734.97		4.11
	12	15		2,544.18		169.61	.009		212.02		
ASSISTANT SURGEON	14	212				20.50					.41
ANESTHESIOLOGIST				4,347.01			.034		310.50		.70
OUTPATIENT SURGERY	146	300		36,844.95		122.82	.048		252.36		5.89
PRINCIPAL SURGEON	134	195		33,953.21		174.12	.031		253.38		5.43
ASSISTANT SURGEON	2	2		236.42		118.21	.000		118.21		.04
ANESTHESIOLOGIST	20	103		2,655.32		25.78	.016		132.77		. 42
DIALYSIS	10	58		5,308.64		91.53	.009		530.86		.85
PATHOLOGY	135	243		2,590.32		10.66	.039		19.19		.41
RADIOLOGY	495	917		46,436.50		50.64	.147		93.81		7.43
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	59	597		7,523.52		12.60	.095		127.52		1.20
OTHER SERVICES/ALL X-OVERS	697	1,989		53,275.20		26.78	.318		76.44		8.52
@PHARMACY	4,160	21 , 996	\$	1,622,578.44	\$	73.77	3.517	\$		\$	259.45
PRESCRIPTION DRUGS	4,133	18 , 584		1,575,865.74		84.80	2.972		381.29		251.98
SNF/ICF	37	269		24,126.20		89.69	.043		652.06		3.86
OUTPATIENTS	4,098	18,315		1,551,739.54		84.73	2.929		378.66		248.12
MEDICAL SUPPLIES	224	3,412		46,712.70		13.69	.546		208.54		7.47
@DENTIST	376	1,357	\$	74,742.80	\$	55.08	.217	\$	198.78	\$	11.95
VISITS - DIAGNOSTIC	234	714		11,143.00		15.61	.114		47.62		1.78
ORAL SURGERY	72	216		10,302.00		47.69	.035		143.08		1.65
DRUGS	3	6		73.00		12.17	.001		24.33		.01
ANESTHESIA	9	9		900.00		100.00	.001		100.00		.14
PERIODONTICS	10	11		2,000.00		181.82	.002		200.00		.32
ENDODONTICS	16	25		5,809.00		232.36	.004		363.06		.93
RESTORATIVE DENTISTRY	111	245		24,349.00		99.38	.039		219.36		3.89
PROSTHETICS	3	4		90.00		22.50	.001		30.00		.01
DENTURES, STAYPLATES	55	125		19,979.00		159.83	.020		363.25		3.19
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		97.80		48.90	.000		48.90		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	Z M		FD∩D#			חבר		D7	AGE 15,818
MOP024	FEE-FOR-SERVICE		10 M	SNIII OF FAIMENT KI	EF OIL	FOR UAN .	2002 11110	טייר	2002	I I	01/17/03
TRINITY COUNTY		ICES FOR CASH GRA	ייות.	- DICABIED		AID CODE	60				01/1//03
IKINIII COONII	SOMMANT OF SERV	ICES FOR CASH GIVE	71/ T	DISABLED		AID CODE	M	חודוו	א משעע א דע	CF -	
6,254 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2/0	ACE COST	UNITS/DAY				COST PER
0,234 EDIGIDLE3	OSENS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	155	455	\$	10,709.95	\$	23.54	.073		69.10		1.71
DIAGNOSTIC AND ANC. PROCED	105	104	۲	4,717.69	۲	45.36	.073	۲	44.93	۲	.75
EYE APPLIANCES	120	337		5,720.75		16.98	.017		44.93		.73
				•							
OTHER OPTOMETRIC SERVICES	9	14	ċ	271.51	ċ	19.39	.002	ċ	30.17	ċ	.04
@CHIROPRACTOR	29	43 39	\$	718.96	\$	16.72	.007	Ą	24.79	Ą	.11
VISITS	28	39		652.08		16.72	.006		23.29		.10

OTHER SERVICES	1	4	66.88		16.72	.001	66.88	.01
@PODIATRIST	11	15	\$ 580.88	\$	38.73	.002	\$ 52.81	\$.09
MEDICINE/INJECTIONS	8	8	239.60		29.95	.001	29.95	.04
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	5	7	341.28		48.75	.001	68.26	.05
@HOME HEALTH AGENCY	27	216	\$ 14,497.06	\$	67.12	.035	\$ 536.93	\$ 2.32
NURSE ANESTHESIST	3	23	\$ 357.71	\$	15.55	.004	\$ 119.24	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 71.80	\$	35.90	.000	\$ 35.90	\$.01
@TOTAL HOSPITAL	1,205	7,147	\$ 1,433,002.91	\$	200.50	1.143	\$ 1189.21	\$ 229.13
HOSP INPATIENT TOTAL	120	629	1,243,336.95		1976.69	.101	10361.14	198.81
HSC HOSPITALS	2	11	15,185.00		1380.45	.002	7592.50	2.43
NON-HSC HOSPITAL TOTAL	87	506	1,206,621.73		2384.63	.081	13869.22	192.94
ACCOMMODATIONS	86	506	244,944.55		484.08	.081	2848.19	39.17
ADMINISTRATIVE DAYS	0	0	34.60C	R	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	86	506	244,979.15		484.15	.081	2848.59	39.17
ANCILLARIES	87	0	961,677.18		.00	.000	11053.76	153.77
INPATIENT CROSSOVERS	31	112	21,530.22		192.23	.018	694.52	3.44
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	6 , 518	189,665.96		29.10	1.042	166.96	30.33
MEDICAL	421	806	38,827.56		48.17	.129	92.23	6.21
SURGERY	149	194	10,156.71		52.35	.031	68.17	1.62
PATHOLOGY	573	2,434	29,402.46		12.08	.389	51.31	4.70
RADIOLOGY	340	550	42,540.51		77.35	.088	125.12	6.80
ROOM USE	428	700	35,031.31		50.04	.112	81.85	5.60
CROSSOVERS/ALL OTH OUTPINT	473	1,834	33,707.41		18.38	.293	71.26	5.39
@COUNTY HOSPITAL TOTAL	803	4,095	\$ 405,823.44	\$	99.10	.655	\$ 505.38	\$ 64.89
CO HOSPITAL INPATIENT TOTAL	54	172	290,621.32		1689.66	.028	5381.88	46.47
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
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NON-HSC HOSPITALS TOTAL	41	136		281,007.67	2066.23	.022	6853.85		44.93
ACCOMMODATIONS	41	136		71,521.50	525.89	.022	1744.43		11.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	41	136		71,521.50	525.89	.022	1744.43		11.44
ANCILLARIES	41	0		209,486.17	.00	.000	5109.42		33.50
INPATIENT CROSSOVERS	13	36		9,613.65	267.05	.006	739.51		1.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	775	3,923		115,202.12	29.37	.627	148.65		18.42
MEDICAL	329	630		30,926.45	49.09	.101	94.00		4.95
SURGERY	102	144		8,031.41	55.77	.023	78.74		1.28
PATHOLOGY	424	1,627		19,639.39	12.07	.260	46.32		3.14
RADIOLOGY	223	297		23,535.26	79.24	.047	105.54		3.76
ROOM USE	223 275	435		21,990.16	50.55	.047	79.96		3.76
		790			14.02	.126	42.45		1.77
CROSSOVERS/ALL OTH OUTPTNT			NEG 1	11,079.45				_	
			KES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	ZUUZ THRU DI	IC 2002	Ρ.	AGE 15,819
MOP024	FEE-FOR-SERVICE				3 TD CODE	C 0			01/17/03
TRINITY COUNTY	SUMMARY OF SER	JICES FOR CASH GF	KANT	- DISABLED	AID CODE			~ =	
6 054 51 535 53						MON		-	
6,254 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	493	OR DAYS OF CARE		1 000 100 40	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		3,052	\$	1,027,179.47	\$ 336.56		2083.53	Ş	
COMM HOSP INPATIENT TOTAL	72	457		952,715.63	2084.72	.073	13232.16		152.34
HSC HOSPITALS	2	11		15,185.00	1380.45	.002	7592.50		2.43
NON-HSC HOSPITALS TOTAL	2 52 51	370		925,614.06	2501.66	.059	17800.27		148.00
ACCOMMODATIONS	51 0	370		173,423.05	468.71	.059	3400.45		27.73
ADMINISTRATIVE DAYS	0	0		34.60CF		.000	.00		.01CR
TRANSITIONAL IP CARE	0 51	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM		370		173,457.65	468.80	.059	3401.13		27.74
ANCILLARIES	52	0		752,191.01	.00	.000	14465.21		120.27
INPATIENT CROSSOVERS	18	76		11,916.57	156.80	.012	662.03		1.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	439	2 , 595		74,463.84	28.70	.415	169.62		11.91
MEDICAL	116	176		7,901.11	44.89	.028	68.11		1.26
SURGERY	48	50		2,125.30	42.51	.008	44.28		.34
PATHOLOGY	166	807		9,763.07	12.10	.129	58.81		1.56
RADIOLOGY	129	253		19,005.25	75.12	.040	147.33		3.04
ROOM USE	187	265		13,041.15	49.21	.042	69.74		2.09
CROSSOVERS/ALL OTH OUTPINT	233	1,044		22 , 627.96	21.67	.167	97.12		3.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	10	123	\$	21,926.07	\$ 178.26	.020	2192.61	\$	3.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	1	31		3,748.83	120.93	.005	3748.83		.60
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	6	23 13 10 2,008	\$ 476.01	\$ 20.70	.004 \$	79.34	\$.08
HOSPITAL BASED	1	13	264.11	20.32	.002	264.11		.04
INDEPENDENT FACILITY	5	10	211.90	21.19	.002	42.38		.03
@LABORATORY FACILITY	408	2,008	\$ 29,376.08	\$ 14.63	.321 \$	72.00	\$	4.70
PATHOLOGY	395	1,989	29,271.62	14.72	.318	74.11		4.68
XO AND OTHERS	13	19	104.46	5.50	.003	8.04		.02
@ORGANIZED OUTPATIENT CLINIC	1,247	1,989 19 2,079 22 49	\$ 183,043.93	\$ 88.04	.332 \$	146.79	\$	29.27
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	9	22	477.06	21.68 91.10 .00	.004	53.01		.08
SURGICENTER	12	49	4,463.83	91.10	.008	371.99		.71
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	1,230	2,008	178,103.04	88.70	.321	144.80		28.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE:	S MONTH-OF-PAYMENT R	REPORT FOR JAN 2	2002 THRU DEC	2002	PA	GE 15,820
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	JICES FOR CASH GRAI	NT - DISABLED	AID CODE	60			
					MONT	HLY AVERA	GE -	
6,254 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	769	36,965	\$ 202,562.97	\$ 5.48	5.911 \$	263.41	\$	32.39
DURABLE MED. EQUIP.	137	483	75,958.41	157.26	.077	554.44		
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	18	26	3,792.79	145.88	.004	210.71 458.05 349.19 192.50		.61
MEDICAL TRANSPORTATION	156	3,716	71,455.16	19.23	.594	458.05		11.43
AMBULANCES/AIR TRANS	115	2,764	40,156.45	14.53	.442	349.19		6.42
OTHER TRANS	2	224	384.99	1.72	.036	192.50		.06
OTHER SERVICES	50	728	30,913.72	42.46	.116	618.27 21.63		4.94
ACUPUNCTURE	2	2	43.25	21.63	.000	21.63		.01
ADULT DAY HEALTH CARE CTR	13	104	6,957.27	66.90	.017	535.17		1.11
GENETIC DISEASE TESTING	4	4	320.00	80.00	.001	80.00		.05
THMC.MODEL-NF.NF.AIDS.MSSP	4	59	6.464.26	109.56	.009			
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000			.00
OPTICIAN	1.39	321	4.164.17	12.97	.051	.00 29.96		.67
PHYSICAL THERAPIST	36	377	5.031.72	13.35	.060	139.77		
PORTABLE X-RAY	0	0	.00	.00	.000	139.77		.00
PROSTHETIST/ORTHOTISTS	19	28	3.030 37	108 23	.004	159 49		.48
PROSTHETICS	11	17	2,677.67	157.51	.003	159.49 243.42		.43
ORTHOTICS	8	11	352 70	32 06	.002	44.09		.06
PSYCHOLOGIST	0	0	.00	.00	.000			.00
SPEECH AND AUDIOLOGY	9	22	1.609.50	73.16	.004	.00 178.83 321.84 .00		.26
HOSPICE SERVICES	1	3	321.84	107.28	.000	321.84		.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	35	422	5.049.74	11.97	. 067	144.28		.81
EPSDT SUPPLEMENTAL SERVICE	0	0	0.0	00	000	0.0		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	0.0	0.0	.000	.00		.00
ALL OTHER PROVIDERS	270	31 - 398	18.364 49	58	5.020	68.02		2.94
TRINITY COUNTY 6,254 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	47	1,196	\$ 91,934.26	\$ 76.87	.191 \$	1956 05	Ś	14.70
@XOVER EXCLUDING STATE HOSP**	642	3,364	\$ 91,934.26 \$ 82,828.75	\$ 24.62	.538 \$	129.02	Š	13.24
@* TOTALS IN THESE LINES ARE		•	•	7 21.02	.000 4	123.02	т	
THE AMOUNTS ARE ALREADY IN			-					
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV			vu. S Month-of-payment r	REPORT FOR JAN 2	2002 THRU DEC	2002	PΑ	GE 15,821
	THE FOR CERVICE							01/17/02

TRINITY COUNTY

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

------ MONTHLY AVERAGE -------

FEE-FOR-SERVICE/DENTAL

MOP024

7,266 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

01/17/03

@TOTAL, ALL PROVIDERS	3 , 555	23,296 \$	1,000,320.99	9 \$	42.94	3.206 \$	281.38	\$	137.67
@PHYSICIANS SERVICES	1,034	2,042 \$	96,472.97	7 \$	47.24	.281 \$	93.30	\$	13.28
OUTPATIENT VISITS	736	1,002	38,876.04		38.80	.138	52.82		5.35
OFFICE VISITS	658	854	31,949.19		37.41	.118	48.56		4.40
HOME VISITS	1	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	49	51	2,453.67		48.11	.007	50.07		.34
PREVENTIVE CARE	1	1	37.39		37.39	.000	37.39		.01
OB VISITS/COMPRE PERI	27	78	3,769.99		48.33	.011	139.63		.52
	16	18	•						
OTHER OUTPATIENT	- -		665.80		36.99	.002	41.61		.09
INPATIENT VISITS	36	101	5,650.27		55.94	.014	156.95		.78
HOSPITAL VISITS	36	95	4,978.70		52.41	.013	138.30		.69
CRITICAL CARE	2	6	671.57		111.93	.001	335.79		.09
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	22	28	1,207.10)	43.11	.004	54.87		.17
EXAMINATIONS	22	28	1,207.10)	43.11	.004	54.87		.17
SERVICES AND MATERIALS	0	0	.00)	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	37	132	17,616.99	9	133.46	.018	476.13		2.42
PRINCIPAL SURGEON	26	30	13,994.76	5	466.49	.004	538.26		1.93
ASSISTANT SURGEON	4	4	708.91		177.23	.001	177.23		.10
ANESTHESIOLOGIST	11	98	2,913.32		29.73	.013	264.85		.40
OUTPATIENT SURGERY	51	96	10,625.14		110.68	.013	208.34		1.46
PRINCIPAL SURGEON	48	55	9,732.50		176.95	.008	202.76		1.34
ASSISTANT SURGEON	1	1	93.08		93.08	.000	93.08		.01
	6	40	799.56		19.99	.006	133.26		.11
ANESTHESIOLOGIST	-	1							
DIALYSIS	1		54.12		54.12	.000	54.12		.01
PATHOLOGY	96	109	888.33		8.15	.015	9.25		.12
RADIOLOGY	279	378	13,405.93		35.47	.052	48.05		1.85
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	20	28	743.97		26.57	.004	37.20		.10
OTHER SERVICES/ALL X-OVERS	83	167	7,405.08		44.34	.023	89.22		1.02
@PHARMACY	1,849	4,562 \$	260,447.29	9 \$	57.09	.628 \$	140.86	\$	35.84
PRESCRIPTION DRUGS	1 , 839	4,436	254,186.10)	57.30	.611	138.22		34.98
SNF/ICF	0	0	.00)	.00	.000	.00		.00
OUTPATIENTS	1,839	4,436	254,186.10)	57.30	.611	138.22		34.98
MEDICAL SUPPLIES	41	126	6,261.19		49.69	.017	152.71		.86
@DENTIST	381	1,380 \$	51,571.05	5 \$	37.37	.190 \$	135.36	\$	7.10
VISITS - DIAGNOSTIC	284	859	15,664.25		18.24	.118	55.16	·	2.16
ORAL SURGERY	41	105	5,185.00		49.38	.014	126.46		.71
DRUGS	2	4	45.00		11.25	.001	22.50		.01
ANESTHESIA	5	5	500.00		100.00	.001	100.00		.07
PERIODONTICS	5	5	710.00		142.00	.001	142.00		.10
ENDODONTICS	24	56	7,985.00		142.59	.008	332.71		1.10
RESTORATIVE DENTISTRY	126	301	18,694.80		62.11	.000	148.37		2.57
	0	0	•						.00
PROSTHETICS	U	-	.00		.00	.000	.00		
DENTURES, STAYPLATES	/	36	1,943.00		53.97	.005	277.57		.27
SPACE MAINTAINERS	2	4	444.00		111.00	.001	222.00		.06
MAXILLOFACIAL SERVICES	1	1	300.00		300.00	.000	300.00		.04
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2	100.00		50.00	.000	50.00		.01
ALL OTHER SERVICES	1	2	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU DEC	2002	PA	GE 15,822
MOP024	FEE-FOR-SERVICE/DENTA	L							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F	OR CGF 30-33	3 3 3 3 4 4 4 3 3 A - 3 N	4 3P 3R	3U 3W 4C-4G				
						MONT	UIV AMEDAC	~~ _	

7,266 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

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@OPTOMETRIST	130	376 \$		•	.052		
DIAGNOSTIC AND ANC. PROCED	101	102	4,715.15	46.23	.014	46.68	.65
EYE APPLIANCES	97	272	4,069.99	14.96	.037	41.96	.56
OTHER OPTOMETRIC SERVICES	2	2	77.20	38.60	.000	38.60	.01
@CHIROPRACTOR	7	10 \$		\$ 16.72	.001		
VISITS	7	10	167.20	16.72	.001	23.89	.02
	7	0					
OTHER SERVICES	U		.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$		\$.00	.000		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4 \$		\$ 52.50	.001		
NURSE ANESTHESIST	0	n š	.00	\$.00		\$.00	\$.00
	1	2 \$	144.24	\$ 72.12	.000		\$.02
NURSE MIDWIFE	1	2 9					
PEDIATRIC NURSE PRACTITIONER	U	0 \$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	1	2 \$	52.36	\$ 26.18	.000		\$.01
@TOTAL HOSPITAL	1,013	4,118 \$,	\$ 85.22	.567		\$ 48.30
HOSP INPATIENT TOTAL	41	131	229,949.39	1755.34	.018	5608.52	31.65
HSC HOSPITALS	5	23	34,817.00	1513.78	.003	6963.40	4.79
NON-HSC HOSPITAL TOTAL	36	108	195,132.39	1806.78	.015	5420.34	26.86
ACCOMMODATIONS	36	108	45,410.74	420.47	.015	1261.41	6.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0						.00
TRANSITIONAL IP CARE		0	.00	.00	.000	.00	
ALL OTHER ACCOM	36	108	45,410.74	420.47	.015	1261.41	6.25
ANCILLARIES	36	0	149,721.65	.00	.000	4158.93	20.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	998	3,987	120,997.46	30.35	.549	121.24	16.65
MEDICAL	595	850	38,431.31	45.21	.117	64.59	5.29
SURGERY	127	170	8,755.49	51.50	.023	68.94	1.20
PATHOLOGY	412	1,354	15,716.66	11.61	.186	38.15	2.16
RADIOLOGY	237	290	17,459.13	60.20	.040	73.67	2.40
ROOM USE	487	640	28,287.59	44.20	.088	58.09	3.89
CROSSOVERS/ALL OTH OUTPTNT	313	683	12,347.28	18.08	.094	39.45	1.70
@COUNTY HOSPITAL TOTAL	808	2 , 963 \$	158,300.67	\$ 53.43	.408	\$ 195.92	\$ 21.79
CO HOSPITAL INPATIENT TOTAL	16	38	67,436.20	1774.64	.005	4214.76	9.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	16	38	67,436.20	1774.64	.005	4214.76	9.28
ACCOMMODATIONS	16	38	17,740.25	466.85	.005	1108.77	2.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		•					
ALL OTHER ACCOM	16	38	17,740.25	466.85	.005	1108.77	2.44
ANCILLARIES	16	0	49,695.95	.00	.000	3106.00	6.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	803	2 , 925	90,864.47	31.06	.403	113.16	12.51
MEDICAL	527	743	33,196.18	44.68	.102	62.99	4.57
SURGERY	99	141	7,416.37	52.60	.019	74.91	1.02
PATHOLOGY	319	957	10,951.94	11.44	.132	34.33	1.51
	188	226		48.75			
RADIOLOGY			11,016.53		.031	58.60	1.52
ROOM USE	350	423	19,706.10	46.59	.058	56.30	2.71
CROSSOVERS/ALL OTH OUTPTNT	236	435	8,577.35	19.72	.060	36.34	1.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 15,823
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

TRINITY COUNTY

7,266 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS OF CAR	₹.			IIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242	1 , 155	\$	192,646.18	•	6.79	.159	\$	\$ 26.51
COMM HOSP INPATIENT TOTAL	25	93		162,513.19		17.45	.013	6500.53	22.37
HSC HOSPITALS	5	23		34,817.00		.3.78	.003	6963.40	4.79
NON-HSC HOSPITALS TOTAL	20	70		127,696.19	182		.010	6384.81	17.57
ACCOMMODATIONS	20	70		27,670.49	39	5.29	.010	1383.52	3.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	20	70		27 , 670.49	39	5.29	.010	1383.52	3.81
ANCILLARIES	20	0		100,025.70		.00	.000	5001.29	13.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	225	1,062		30,132.99	2	28.37	.146	133.92	4.15
MEDICAL	72	107		5,235.13	4	18.93	.015	72.71	.72
SURGERY	29	29		1,339.12	4	16.18	.004	46.18	.18
PATHOLOGY	103	397		4,764.72	1	2.00	.055	46.26	.66
RADIOLOGY	49	64		6,442.60	10	0.67	.009	131.48	.89
ROOM USE	144	217		8,581.49	3	39.55	.030	59.59	1.18
CROSSOVERS/ALL OTH OUTPINT	83	248		3,769.93	1	5.20	.034	45.42	.52
@STATE HOSPITAL	0	0	\$	13,400.00	\$.00	.000	\$.00	\$ 1.84
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		13,400.00		.00	.000	.00	1.84
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	262	787	\$	18,792.20	\$	23.88	.108	\$	71.73	\$	2.59
PATHOLOGY	262	787		18,792.20		23.88	.108		71.73		2.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	911	1,522	\$	158,129.56	\$	103.90	.209	\$	173.58	\$	21.76
CLINIC	50	199		5,509.45		27.69	.027		110.19		.76
SURGICENTER	1	1		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	868	1,322		152,620.11		115.45	.182		175.83		21.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 20	002 THRU 1	DEC	2002	PF	AGE 15,824
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
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TRINITY COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

TRINITI COURT	COLUMN CL CELL	VIOLO 1010 001 00	. 55 5	.5 50 10 12 511 511	01 01(00 011 10	MC	NTHLY AVERA	CF
7,266 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVERAGE COST			COST PER
7,200 EDIGIBLES	ODERO	OR DAYS OF CAR		EXIENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	364	8,491	S S	41,124.95	\$ 4.84	1.169		
DURABLE MED. EQUIP.	6	7	Ψ	384.63	54.95	.001	64.11	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	Δ		210.18	52.55	.001	105.09	.03
MEDICAL TRANSPORTATION	49	994		22,094.07	22.23		450.90	3.04
AMBULANCES/AIR TRANS	47	989		13,094.07	13.24		278.60	1.80
OTHER TRANS	1 / 0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	5		9,000.00	1800.00	.001	1800.00	1.24
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	Û	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14		1,067.00	76.21	.002	76.21	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	8		152.24	19.03	.001	152.24	.02
OPTICIAN	95	211		1,964.53	9.31	.029	20.68	.27
PHYSICAL THERAPIST	8	104		1,432.18	13.77	.014	179.02	.20
PORTABLE X-RAY	Ō	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	10	18		2,134.64	118.59	.002	213.46	.29
PROSTHETICS	6	15		2,040.34	136.02	.002	340.06	.28
ORTHOTICS	4	3		94.30	31.43	.000	23.58	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	17		809.21	47.60	.002	101.15	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	173	713		8,512.50	11.94	.098	49.21	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	6,400		2,336.74	.37	.881	179.75	.32
@CALIF. CHILDREN SERVICES*	12	52	\$	25,682.13	\$ 493.89	.007	\$ 2140.18	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O+ MOMATO TAL MUDON TINDO AND	CTITEN AC A CEDA	DAME TAIDODAAMTOA	TODA	ONIT IZ				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,825 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR CASH GRANT

TRINITY COUNTY	SUMMARY OF SER	VICES FOR CASH GRAN	$_{ m 1T}$						
						MON		GΕ	
14,553 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,173	112,016	5	5,249,551.56	\$ 46.86	7.697			360.72
@PHYSICIANS SERVICES	2,884	8 , 929 \$	5	368,211.61	\$ 41.24	.614	127.67	\$	25.30
OUTPATIENT VISITS	1,605	2,412		90,696.76	37.60	.166	56.51		6.23
OFFICE VISITS	1,422	2,028		71,077.10	35.05	.139	49.98		4.88
HOME VISITS	1	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	171	204		11,411.29	55.94	.014	66.73		.78
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39		.00
OB VISITS/COMPRE PERI	43	130		6,084.10	46.80	.009	141.49		.42
OTHER OUTPATIENT	38	49		2,086.88	42.59	.003	54.92		.14
INPATIENT VISITS	153	557		29,394.54	52.77	.038	192.12		2.02
HOSPITAL VISITS	142	506		23,979.59	47.39	.035	168.87		1.65
	17	43		•	120.23	.003	304.11		.36
CRITICAL CARE	= '			5,169.95					
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00		.02
OPHTHALMOLOGICAL SERVICES	51	60		2,691.54	44.86	.004	52.78		.18
EXAMINATIONS	51	59		2,656.25	45.02	.004	52.08		.18
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00
INPATIENT HOSPITAL SURGERY	84	413		50,232.05	121.63	.028	598.00		3.45
PRINCIPAL SURGEON	61	84		39,718.63	472.84	.006	651.13		2.73
ASSISTANT SURGEON	16	19		3,253.09	171.22	.001	203.32		.22
ANESTHESIOLOGIST	25	310		7,260.33	23.42	.021	290.41		.50
OUTPATIENT SURGERY	199	398		47,955.57	120.49	.027	240.98		3.30
PRINCIPAL SURGEON	184	252		44,171.19	175.28	.017	240.06		3.04
ASSISTANT SURGEON	3	3		329.50	109.83	.000	109.83		.02
ANESTHESIOLOGIST	26	143		3,454.88	24.16	.010	132.88		.24
DIALYSIS	11	59		5,362.76	90.89	.004	487.52		.37
PATHOLOGY	232	353		3,491.43	9.89	.024	15.05		.24
RADIOLOGY	780	1,301		59,907.30	46.05	.089	76.80		4.12
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	79	625		8,267.49	13.23	.043	104.65		.57
OTHER SERVICES/ALL X-OVERS	949	2 , 751		70,212.17	25.52	.189	73.99		4.82
@PHARMACY	6 , 623	30,353		2,068,553.01	\$ 68.15	2.086		ċ	142.14
-			?					ې	
PRESCRIPTION DRUGS	6 , 579	25 , 790		2,006,224.78	77.79	1.772	304.94		137.86
SNF/ICF	49	355		27,384.03	77.14	.024	558.86		1.88
OUTPATIENTS	6,534	25,435		1,978,840.75	77.80	1.748	302.85		135.97
MEDICAL SUPPLIES	323	4,563		62,328.23	13.66	.314	192.97		4.28
@DENTIST	796	2,855	5	136,971.85	\$ 47.98	.196		Ş	9.41
VISITS - DIAGNOSTIC	538	1,624		27 , 508.25	16.94	.112	51.13		1.89
ORAL SURGERY	116	334		15 , 966.00	47.80	.023	137.64		1.10
DRUGS	5	10		118.00	11.80	.001	23.60		.01
ANESTHESIA	14	14		1,400.00	100.00	.001	100.00		.10
PERIODONTICS	16	17		2,910.00	171.18	.001	181.88		.20
ENDODONTICS	45	86		15,074.00	175.28	.006	334.98		1.04
RESTORATIVE DENTISTRY	247	561		45,593.80	81.27	.039	184.59		3.13
PROSTHETICS	3	4		90.00	22.50	.000	30.00		.01
DENTURES, STAYPLATES	75	194		27,370.00	141.08	.013	364.93		1.88
SPACE MAINTAINERS	2	4		444.00	111.00	.000	222.00		.03
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		100.00	50.00	.000	50.00		.01
ALL OTHER SERVICES	3	4		97.80	24.45	.000	32.60		.01
TOTAL VITIES VIEW	3	7		21.00	44.40	.000	JZ . 00		• • •

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,826 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR CASH GRANT

TRINITY COUNTY	SUMMARY OF SERV	VICES FOR CASH GRA	AN'I'				3.6	ONT.		с п	
14 553 51 53 51							M			GE	
14,553 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE	_			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	298	867	\$	20,548.39	\$	23.70	.060	Ş		\$	1.41
DIAGNOSTIC AND ANC. PROCED	214	214		9,812.44		45.85	.015		45.85		. 67
EYE APPLIANCES	226	634		10,283.74		16.22	.044		45.50		.71
OTHER OPTOMETRIC SERVICES	14	19		452.21		23.80	.001		32.30		.03
@CHIROPRACTOR	36	53	\$	886.16	\$	16.72	.004	Ş	24.62	Ş	.06
VISITS	35	49		819.28		16.72	.003		23.41		.06
OTHER SERVICES	1	4		66.88		16.72	.000		66.88		.00
@PODIATRIST	12	16	\$	587.17	\$	36.70	.001	\$	48.93	\$.04
MEDICINE/INJECTIONS	8	8		239.60		29.95	.001		29.95		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	8		347.57		43.45	.001		57.93		.02
@HOME HEALTH AGENCY	29	220	\$	14,707.04	\$	66.85	.015		507.14	\$	1.01
NURSE ANESTHESIST	3	23	\$	357.71	\$	15.55		\$	119.24	\$.02
NURSE MIDWIFE	1	2	\$	144.24	\$	72.12		\$	144.24	\$.01
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	8	\$	209.96	\$	26.25	.001	\$	34.99	\$.01
@TOTAL HOSPITAL	2,296	11,749	\$		\$	154.02	.807	\$	788.17	\$	124.35
HOSP INPATIENT TOTAL	181	850		1,490,814.53		1753.90	.058		8236.54		102.44
HSC HOSPITALS	7	34		50,002.00		1470.65	.002		7143.14		3.44
NON-HSC HOSPITAL TOTAL	124	617		1,408,590.04		2282.97	.042		11359.60		96.79
ACCOMMODATIONS	123	617		292,042.79		473.33	.042		2374.33		20.07
ADMINISTRATIVE DAYS	0	0		34.60CR	2	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	123	617		292,077.39		473.38	.042		2374.61		20.07
ANCILLARIES	124	0		1,116,547.25		.00	.000		9004.41		76.72
INPATIENT CROSSOVERS	50	199		32,222.49		161.92	.014		644.45		2.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,194	10,899		318,822.31		29.25	.749		145.32		21.91
MEDICAL	1,034	1,684		78 , 687.97		46.73	.116		76.10		5.41
SURGERY	277	365		19,017.62		52.10	.025		68.66		1.31
PATHOLOGY	996	3 , 837		45,611.03		11.89	.264		45.79		3.13
RADIOLOGY	582	845		60,160.99		71.20	.058		103.37		4.13
ROOM USE	929	1,371		64,356.34		46.94	.094		69.27		4.42
CROSSOVERS/ALL OTH OUTPTNT	829	2 , 797		50,988.36		18.23	.192		61.51		3.50
@COUNTY HOSPITAL TOTAL	1,647	7,259	\$	579,108.88	\$.499	\$		\$	39.79
CO HOSPITAL INPATIENT TOTAL	-	256	·	369,302.99	·	1442.59	.018	·	4796.14		25.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	58	177		355,279.79		2007.23	.012		6125.51		24.41
ACCOMMODATIONS	58	177		90,949.25		513.84	.012		1568.09		6.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	58	177		90,949.25		513.84	.012		1568.09		6.25
ANCILLARIES	58	0		264,330.54		.00	.000		4557.42		18.16
INPATIENT CROSSOVERS	19	79		14,023.20		177.51	.005		738.06		.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1,608	7,003		209,805.89		29.96	.481		130.48		14.42
MEDICAL	869	1,391		65,206.69		46.88	.096		75.04		4.48
SURGERY	202	286		15,553.20		54.38	.020		77.00		1.07
PATHOLOGY	752	2,628		31,013.49		11.80	.181		41.24		2.13
11111011001	, 52	2,020		01,010.19		±±•00	• = 0 =		11.61		2.10

RADIOLOGY	415	527	34,684.45	65.81	.036	83.58	2.38
ROOM USE	631	865	42,085.60	48.65	.059	66.70	2.89
CROSSOVERS/ALL OTH OUTPTNT	518	1,306	21,262.46	16.28	.090	41.05	1.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 15,827
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03

TRINITY COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT						01/1//05
IKINIII COONII	DOIMMING OF BEING	TODO TOTO CARRIED GIVINA			MONT	THTY AVERA	GE -	
14,553 ELIGIBLES	IISERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
14,553 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	ODERO	OR DAYS OF CARE				USER		ELIGIBLE
@COMMINITY HOSPITAL TOTAL	779	4,490 \$	1,230,527.96 1,121,511.54 50,002.00 1,053,310.25 201,093.54 34.60CF	\$ 274 06	309 \$	1579.63		
COMM HOSP INPATTENT TOTAL	110	594	1 121 511 54	1888 07	.041	10195.56	Τ	77.06
HSC HOSPITALS	7	34	50 002 00	1470 65	.002	7143.14		3.44
NON-HSC HOSPITALS TOTAL	72	440	1 053 310 25	2393 89	030	14629.31		72.38
ACCOMMODATIONS	71		201 093 54	457 N3	.030	2832.30		13.82
ACCOMMODATIONS ADMINITETRATURE DAVE	7 1	0	34 6000	00.02	.000	.00		.00
TDANGITIONAL TD CARE	0	0	0.0001	.00	.000	.00		.00
ALL OTHER ACCOM	71	440	201 120 14	457 11	.030	2832.79		13.82
ANCTITADIES	72	440 0 0 440 0	201 , 120 . 14	437.11	.000	11836.34		58.56
TNDATTENT CDOCCOVEDC	72	120	10 100 20	151 66	.008	587.07		1.25
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0		10,199.29	131.00	.000	307.07		.00
ALL OIDER INPALLENT	606	3 806	100 016 42	27.00	.268	156 62		7.49
MEDICAL	103	0 3,896 293	109,010.42	46 01	.020	.00 156.63 69.85 44.99		.93
MEDICAL	193	79	13,481.28	40.01	.020	44 00		.24
DARIOLOGY	7 /		3,464.42	43.83	.005	44.99		
PATHOLOGY	2/1	1,209 318	14,397.34	12.07	.083	53.87 142.33		1.00
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1/9	318	201,093.54 34.60CF .00 201,128.14 852,216.71 18,199.29 .00 109,016.42 13,481.28 3,464.42 14,597.54 25,476.54 22,270.74 29,725.90 13,400.00	80.11	.022	142.33		1.75
ROUM USE	340	506 1 , 491	22,270.74	44.01	.035	65.50 87.69		1.53
CROSSOVERS/ALL OTH OUTPINT	339	1,491	29,725.90	19.94	.102		<u> </u>	2.04
CROSSOVERS/ALL OTH OUTPTNT (STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED (NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR (INTERMEDIATE CARE FACILDD ICF DDH	U	1,491 0 \$ 0 518 \$ 0 31 0 0 0 487 0 \$	- ,				Ş	.92
MENTALLY ILL	U	U	.00	.00	.000	.00		.00
DEVELOP. DISABLED	U	0	13,400.00	.00	.000	.00		.92
@NURSING FACILITY	∠8	518 \$	116,483.00		•	4160.11	Ş	8.00
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	1	31	3,748.83	120.93	.002	3748.83		.26
LEV B-SUBACUTE FREESTANDING	, 0	0	.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00 112,734.17	.00	.000	.00		.00
LEV B-REGULAR	27	487	112,734.17	231.49		4175.34		7.75
@INTERMEDIATE CARE FACILDD	0		.00			.00	Ş	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00 26,570.73	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	25	205 \$	26,570.73	\$ 129.61		1062.83	\$	1.83
HOSPITAL BASED	0	0	.00 26,570.73	.00	.000	.00		.00
HEMODIALYSIS CENTER	25	205	26 , 570.73	129.61	.014			1.83
@REHABILITATION FACILITY	7	25 \$	518.39			74.06	\$.04
HOSPITAL BASED	1	13	264.11	20.32	.001	264.11		.02
INDEPENDENT FACILITY	6	12 2,835 \$	254.11 254.28 48,775.44 48,609.15	21.19	.001	42.38		.02
@LABORATORY FACILITY	686	2 , 835 \$	48,775.44	\$ 17.20	.195 \$		\$	3.35
PATHOLOGY	666	2,804	48,609.15	17.34	.193	72.99		3.34
XO AND OTHERS	20	31	166.29	5.36	.002	8.31		.01
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	2,230	3,706 \$	346,591.49	\$ 93.52	.255 \$		\$	23.82
	61	225	6,044.46	26.86	.015	99.09		.42
SURGICENTER	14	51	4,995.83	26.86 97.96	.004	356.85		.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	356.85 .00		.00
RURAL HEALTH CLINIC	0 2 , 167	•	335,551.20	97.83	.236	154.85		23.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PA	AGE 15,828

ININIII COONII	SUMMANT OF SEN	VICES FOR CASH GRANT					
					MON	THLY AVERA	GE
14,553 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,311	49,652 \$	276,398.53	\$ 5.57	3.412 \$	210.83	\$ 18.99
DURABLE MED. EQUIP.	151	566	90,727.64	160.30	.039	600.85	6.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	50	7,561.71	151.23	.003	252.06	.52
MEDICAL TRANSPORTATION	236	5 , 462	98,302.52	18.00	.375	416.54	6.75
AMBULANCES/AIR TRANS	166	3 , 858	54,150.94	14.04	.265	326.21	3.72
OTHER TRANS	10	415	1,842.37	4.44	.029	184.24	.13
OTHER SERVICES	76	1,189	42,309.21	35.58	.082	556.70	2.91
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	13	104	6 , 957.27	66.90	.007	535.17	.48
GENETIC DISEASE TESTING	18	18	1,387.00	77.06	.001	77.06	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	4	59	6,464.26	109.56	.004	1616.07	.44
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.01
OPTICIAN	248	563	6,486.10	11.52	.039	26.15	.45
PHYSICAL THERAPIST	50	506	6,814.83	13.47	.035	136.30	.47
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	48	5,243.87	109.25	.003	174.80	.36
PROSTHETICS	18	34	4,796.87	141.08	.002	266.49	.33
ORTHOTICS	12	14	447.00	31.93	.001	37.25	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	47	2,683.68	57.10	.003	127.79	.18
HOSPICE SERVICES	1	3	321.84	107.28	.000	321.84	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	211	1,253	15,038.92	12.00	.086	71.27	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	399	40,962	28,186.37	.69	2.815	70.64	1.94
@CALIF. CHILDREN SERVICES*	68	1,295	\$ 126,302.82	\$ 97.53	.089	\$ 1857.39	\$ 8.68
@XOVER EXCLUDING STATE HOSP**	932	5,022	\$ 133,387.30	\$ 26.56	.345	\$ 143.12	\$ 9.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,829
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69 ----- MONTHLY AVERAGE -----196 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .949 \$ @TOTAL, ALL PROVIDERS 186 6,001.06 32.26 73.18 \$ 30.62 \$ 34 51 .260 \$ 48.90 \$ @PHYSICIANS SERVICES 1,662.51 32.60 8.48 .199 OUTPATIENT VISITS 1,340.86 34.38 41.90 OFFICE VISITS 39 1,340.86 34.38 .199 41.90 6.84 Ω HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .00 .000 .00 .000 OTHER OUTPATIENT .00 .00 .00 .00 40.34 40.34 INPATIENT VISITS 40.34 .005 .21 HOSPITAL VISITS 40.34 40.34 .005 40.34 .21 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 . 00 .000 . 00 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 .000 . 00 INPATIENT HOSPITAL SURGERY . 00 PRINCIPAL SURGEON .00 .00 .000 . 00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY 26.20 .041 209.62 209.62 1.07 .00 .00 .000 .00 PRINCIPAL SURGEON .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 209.62 26.20 .041 209.62 1.07 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 PATHOLOGY .00 .000 .00 6.06 RADIOLOGY 6.06 .005 6.06 .03 .000 PSYCHIATRY .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 65.63 32.82 .010 32.82 .33 @PHARMACY 39 574.23 \$ 14.72 .199 \$ 21.27 \$ 2.93 PRESCRIPTION DRUGS 39 574.23 14.72 .199 21.27 2.93 0 .00 .00 .000 .00 .00 SNF/ICF 39 574.23 14.72 21.27 2.93 .199 OUTPATIENTS 0 .00 .00 MEDICAL SUPPLIES .00 .000 .00 .00 .000 \$.00 \$ @DENTIST .00 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 . 00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 RESTORATIVE DENTISTRY .00 .00 .000 .00 .00 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXI	PENDITU	RES MC	NTH-OF-PAYMENT RE	EPORT	r for jan 2	2002 THRU I	DEC	2002	ΡĬ	AGE 15,830
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERV	VICES FOR	185% P	ROGRAM	I - INFANTS	AII	CODES 47	69				
								MC	TNC	HLY AVERA	.GE -	
196 ELIGIBLES	USERS	UNITS OF	SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER	(COST PER
		OR DAYS	OF CAR	RΕ		PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	9		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	25		78	Ś	2,436.32	\$	31.23		Ś	97.45		12.43
HOSP INPATIENT TOTAL	0		0	Ψ.	.00	Υ	.00	.000	Υ	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	25		78		2,436.32		31.23	.398		97.45		12.43
MEDICAL	22		36		1,479.82		41.11	.184		67.26		7.55
SURGERY	1		1		83.26		83.26	.005		83.26		.42
PATHOLOGY	7		15		152.56		10.17	.077		21.79		.78
RADIOLOGY	2		2		30.63		15.32	.010		15.32		.16
ROOM USE	11		14		567.22		40.52	.071		51.57		2.89
CROSSOVERS/ALL OTH OUTPTNT	==		10		122.83		12.28	.051		20.47		.63
@COUNTY HOSPITAL TOTAL	23		74	Ś	2,118.09	\$	28.62		\$	92.09	Ś	10.81
CO HOSPITAL INPATIENT TOTAL			0	Y	.00	Y	.00	.000	٧	.00	۲	.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODALIONS ADMINISTRATIVE DAVS	0		0		.00		.00	000		.00		.00

ANCILLARIES

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE ALL OTHER ACCOM

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INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	74	2,118.09	28.62	.378	92.09	10.81
MEDICAL	21	33	1,195.66	36.23	.168	56.94	6.10
	1	1	83.26	83.26	.005	83.26	
SURGERY	1						.42
PATHOLOGY	/	15	152.56	10.17	.077	21.79	.78
RADIOLOGY	2	2	30.63	15.32	.010	15.32	.16
ROOM USE	10	13	533.15	41.01	.066	53.32	2.72
CROSSOVERS/ALL OTH OUTPTNT	6	10	122.83	12.28	.051	20.47	.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 15,831
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGR	AM - INFANTS	AID CODES 47	69		
					MON	JTHLY AVERA	GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
IJO EHIGIBHE	05210	OR DAYS OF CARE	EM EMBITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4 \$	318.23	\$ 79.56	.020 \$		
-	0	= '					•
COMM HOSP INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	318.23	79.56	.020	159.12	1.62
		4					
MEDICAL	1	3	284.16	94.72	.015	284.16	1.45
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.07	34.07	.005	34.07	.17
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV A INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-KERAD MD LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
	0	•					
LEV B-SUBACUTE HSPTL BASED	U	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	Ü	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		·
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		
	0	0 9					
HOSPITAL BASED	•	·	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3 \$	21.37	\$ 7.12	.015 \$		
PATHOLOGY	2	3	21.37	7.12	.015	10.69	.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

CODCANTZED OURDANTENE CLINIC	11	15 \$	1,306.63	\$ 87.11	.077	\$ 118.78	\$ 6.67
@ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	.00	.00		.00	.00
SURGICENTER	0	0	.00	.00		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00		.00	.00
RURAL HEALTH CLINIC	11	15	1,306.63	87.11			6.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON		EPORT FOR JA	AN 2002 THRU D	EC 2002	PAGE 15,832
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES			
106 71 70 77 70	a=p.a						GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		DST UNITS/DAYS	USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAYS OF CARE 0 \$.00	\$.00			
DURABLE MED. EQUIP.	0	0	.00	.00		.00	.00
BLOOD BANK	0	0	.00	.00		.00	.00
HEARING AID DISPENSERS	0	0	.00	.00		.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00		.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00	.00
OCCUPATIONAL THERAPIST	0	U	.00	.00		.00	.00
OPTICIAN PHYSICAL THERAPIST	0	0	.00	.00		.00	.00
PORTABLE X-RAY	0	0	.00	.00		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00		.00	.00
PROSTHETICS	0	0	.00	.00		.00	.00
ORTHOTICS	0	0	.00	.00		.00	.00
PSYCHOLOGIST	0	0	.00	.00		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00		.00	.00
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0	.00	.00		.00	.00
@CALIF. CHILDREN SERVICES*	1	7 \$	192.79				
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00		•	•
@* TOTALS IN THESE LINES ARE	-	- '				• • • • • • • • • • • • • • • • • • • •	T .00
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JA	AN 2002 THRU D	EC 2002	PAGE 15,833
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT AI	ID CODES 44			
1.60							GE
168 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAYS		COST PER
ATOTAL ALL DROWINERS	150	OR DAYS OF CARE	104 000 15		DAY PER ELIG 9 11.024	USER \$ 698.67	ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	150 97	1,852 \$ 367 \$	104,800.15 21,555.49	\$ 56.59 \$ 58.73			
OUTPATIENT VISITS	48	192	6,566.67	34.20		136.81	39.09
OFFICE VISITS	9	10	547.53	54.75		60.84	3.26
HOME VISITS	0	0	.00	.00		.00	.00
EMERGENCY ROOM	2	2	152.68	76.34		76.34	.91

PREVENTIVE CARE	0	0	.00		00 .	000	.00	.00
OB VISITS/COMPRE PERI	42	180	5,866.46	32.	59 1.	071	139.68	34.92
OTHER OUTPATIENT	0	0	.00		00 .	000	.00	.00
INPATIENT VISITS	15	33	1,882.15	57.	03 .	196	125.48	11.20
HOSPITAL VISITS	15	30	1,367.87	45.	60 .	179	91.19	8.14
CRITICAL CARE	1	3	514.28	171.	43 .	018	514.28	3.06
SNF/ICF/TRANS IP CARE	0	0	.00		00 .	000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		00 .	000	.00	.00
EXAMINATIONS	0	0	.00		00 .	000	.00	.00
SERVICES AND MATERIALS	0	0	.00		00 .	000	.00	.00
INPATIENT HOSPITAL SURGERY	18	63	9,679.86	153.	65 .	375	537.77	57.62
PRINCIPAL SURGEON	14	14	8,038.19	574.	16 .	083	574.16	47.85
ASSISTANT SURGEON	2	2	373.00	186.	50 .	012	186.50	2.22
ANESTHESIOLOGIST	6	47	1,268.67	26.	99 .	280	211.45	7.55
OUTPATIENT SURGERY	5	18	1,293.14	71.	84 .	107	258.63	7.70
PRINCIPAL SURGEON	5	14	1,199.13	85.	65 .	083	239.83	7.14
ASSISTANT SURGEON	0	0	.00		00 .	000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.	50 .	024	94.01	.56
DIALYSIS	0	0	.00		00 .	000	.00	.00
PATHOLOGY	13	20	555.89	27.	79 .	119	42.76	3.31
RADIOLOGY	30	34	1,214.94	35.	73 .	202	40.50	7.23
PSYCHIATRY	0	0	.00		00 .	000	.00	.00
IMMUNIZATION AND INJECTION	1	1	52.90	52.	90 .	006	52.90	.31
OTHER SERVICES/ALL X-OVERS	5	6	309.94	51.	66 .	036	61.99	1.84
@PHARMACY	42	79	\$ 3,450.50	\$ 43.	68 .	470	\$ 82.15	\$ 20.54
PRESCRIPTION DRUGS	38	67	2,381.94	35.	55 .	399	62.68	14.18
SNF/ICF	0	0	.00			000	.00	.00
OUTPATIENTS	38	67	2,381.94	35.		399	62.68	14.18
MEDICAL SUPPLIES	6	12	1,068.56	89.	05 .	071	178.09	6.36
@DENTIST	1	1	\$.00	\$.	00 .	006	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1	.00			006	.00	.00
ORAL SURGERY	0	0	.00		00 .	000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0									
PERIODONTICS	U	•		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	ŭ	ŭ	IDEC MON		7000			\E-C		_	
#CALIF DEPT OF HEALTH SERV			URES MON	TH-OF-PAYMENT RE	LPOR.	FOR JAN A	ZUUZ THRU I	ノ上し	. 2002	P	AGE 15,834
MOP024	FEE-FOR-SERVICE				~.		4.0				01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT Al	ID CO	DDES 44 48					
							MC			GΕ	
168 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAL	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	ċ	.00	\$.00
-	0		Ą		Ş			Ą		Ą	
VISITS	U	0		.00		.00	.000		.00		.00
OTHER SERVICES	Ü	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	9	Ś	516.18	\$	57.35	.054	Ś		\$	3.07
NURSE ANESTHESIST	1	6	Š	151.91	\$	25.32		\$	151.91	\$.90
NURSE MIDWIFE	0	0	Ċ	.00	\$.00		\$.00	\$.00
	0	0	۲ د		\$						
PEDIATRIC NURSE PRACTITIONER	0		ې د	.00		.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	•	0	Þ.		\$.00		\$		\$.00
@TOTAL HOSPITAL	91	545	Ş	70,120.36	Ş	128.66	3.244	Ş	770.55	Ş	417.38
HOSP INPATIENT TOTAL	17	56		57 , 995.88		1035.64	.333		3411.52		345.21
HSC HOSPITALS	1	1		1,113.00		1113.00	.006		1113.00		6.63
NON-HSC HOSPITAL TOTAL	16	55		56 , 882.88		1034.23	.327		3555.18		338.59
ACCOMMODATIONS	15	55		18,545.75		337.20	.327		1236.38		110.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	55		18,545.75		337.20	.327		1236.38		110.39
ANCILLARIES	16	0		38,337.13		.00	.000		2396.07		228.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	•	489				24.79					
HOSP OUTPATIENT TOTAL	81			12,124.48			2.911		149.68		72.17
MEDICAL	8	8		435.04		54.38	.048		54.38		2.59
SURGERY	8	10		370.89		37.09	.060		46.36		2.21
PATHOLOGY	51	173		2,238.59		12.94	1.030		43.89		13.32
RADIOLOGY	23	25		1,661.86		66.47	.149		72.25		9.89
ROOM USE	44	74		2,671.05		36.10	.440		60.71		15.90
CROSSOVERS/ALL OTH OUTPTNT	35	199		4,747.05		23.85	1.185		135.63		28.26
@COUNTY HOSPITAL TOTAL	38	160	\$	19,404.75	Ś	121.28	.952	\$	510.65	Ś	115.50
CO HOSPITAL INPATIENT TOTAL		13	•	16,146.67		1242.05	.077		2691.11		96.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
HOC HOST TIANS	0	0		.00		• 0 0	.000		.00		• • • •

NON-HSC HOSPITALS TOTAL	6	13		16,146.6	7	1242.05	.077	2691.11		96.11
ACCOMMODATIONS	5	1.3		5,260.0		404.62	.077	1052.00		31.31
ADMINISTRATIVE DAYS	0	0		.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
ALL OTHER ACCOM	5	13		5,260.0		404.62	.077	1052.00		31.31
ANCILLARIES	6	0		10,886.6		.00	.000	1814.45		64.80
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	35	147		3,258.0		22.16	.875	93.09		19.39
MEDICAL	7	7		417.5		59.65	.042	59.65		2.49
SURGERY	4	6		226.8		37.81	.036	56.71		1.35
PATHOLOGY	22	81		886.1		10.94	.482	40.28		5.27
RADIOLOGY	12	12		740.5		61.72	.071	61.72		4.41
	9	13		572.7			.077			3.41
ROOM USE	9					44.06		63.64		
CROSSOVERS/ALL OTH OUTPINT		28		414.2		14.80	.167	46.03	-	2.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		TURES I	MONTH-OF-PAYMENT	REPOR	T FOR JAN .	ZUUZ THRU DE	C 2002	Ρ	AGE 15,835
MOP024	FEE-FOR-SERVICE	,	DD O CD	NA DDECMANE	3.7.0.0	ODEC 44 40	4.0			01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRA	AM - PREGNANT	AID C	ODES 44 48		miii	C.E.	
160 BLIGIBLES	HORDO	INITES OF SERVI	T O.D.		0 7.5		MON			
168 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURE				COST PER		COST PER
COMMINITELY HOODIERS ECERT	60	OR DAYS OF C		EO 71E C		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		385		50,715.6			2.292 \$		Ş	301.88
COMM HOSP INPATIENT TOTAL	11	43		41,849.2		973.24	.256	3804.47		249.10
HSC HOSPITALS	1	1		1,113.0		1113.00	.006	1113.00		6.63
NON-HSC HOSPITALS TOTAL	10	42		40,736.2		969.91	.250	4073.62		242.48
ACCOMMODATIONS	10	42		13,285.7		316.33	.250	1328.58		79.08
ADMINISTRATIVE DAYS	0	0		.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0			.0		.00	.000	.00		.00
ALL OTHER ACCOM	10	42		13,285.7		316.33	.250	1328.58		79.08
ANCILLARIES	10	0		27,450.4		.00	.000	2745.05		163.40
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	53	342		8,866.4		25.93	2.036	167.29		52.78
MEDICAL	1	1		17.5		17.51	.006	17.51		.10
SURGERY	4	4		144.0		36.01	.024	36.01		.86
PATHOLOGY	33	92		1,352.4		14.70	.548	40.98		8.05
RADIOLOGY	11	13		921.2		70.87	.077	83.75		5.48
ROOM USE	37	61		2,098.3		34.40	.363	56.71		12.49
CROSSOVERS/ALL OTH OUTPTNT	27	171		4,332.7		25.34	1.018	160.47		25.79
@STATE HOSPITAL	0	0	\$.0	0 \$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.0	0	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.0		.00	.000	.00		.00
@NURSING FACILITY	0	0		.0		.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.0		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.0		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
TELL D DECLITAD	^	0		0	\cap	0.0	000	0.0		0.0

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@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	~	.00	.000	Á	.00	<u> </u>	.00
@LABORATORY FACILITY	34	143	\$	2,932.86	\$.851	Ş	86.26	Þ	17.46
PATHOLOGY	34	143		2,932.86		20.51	.851		86.26		17.46
XO AND OTHERS	10	0	ć	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	0	17	\$	2,036.05	\$.101	Ş	203.61	Þ	12.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	_	17									
RURAL HEALTH CLINIC	10		IDDG M	2,036.05		119.77	.101	DEG	203.61	D.7.	12.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	-	URES M	ONTH-OF-PAYMENT F	KEPORT	r FOR JAN 2	2002 THRU	DEC	2002	PA	GE 15,836
MOP024	FEE-FOR-SERVICE/			M DDECMANE I	N T D . C C	DEC 44 40	4.0				01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR 185%	PROGRA	M - PREGNANT A	AID CC	DDES 44 48		ONTENT		C.T.	
160 FLIGTDING	HGEDG	INITES OF SERVIT	O.T.		70 77 77		M			-	
168 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST					OST PER LIGIBLE
168 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	17	OR DAYS OF CA	KE \$	4 036 00		R UNIT/DAY 5.89	4.077		USER 237.46		24.03
GALL OTHER PROVIDERS	1 /			4,036.80 150.43		1.77	.506	Ş	150.43	Ą	.90
DURABLE MED. EQUIP.	1	85 0 0 39 38 0 1									
RECORD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	U	2.0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	39		2,728.51		69.96 24.43	.232		682.13 309.50		16.24
AMBULANCES/AIR TRANS	3	38		928.51		24.43	.226				5.53
OTHER TRANS	U	0		.00		.00 1800.00	.000		.00		.00
OTHER SERVICES	0	1		1,800.00			.006		1800.00		10.71
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	11	11		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		891.00		81.00	.065		81.00		5.30
THMC, MODEL-NF, NF, AIDS, MSSP	U	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OFFICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	U	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	U	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	U	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	U	-		.00		.00	.000		.00		.00
TIBE CITIEN THOUTBEING	1	550	<u> </u>	266.86		.49	3.274	<u> </u>	266.86	<u>^</u>	1.59
@CALIF. CHILDREN SERVICES*	·	0	\$.00		.00	.000			\$.00
@XOVER EXCLUDING STATE HOSP**	•	0	\$.00	\$.00	.000	Ş	.00	\$.00
0* TOTALS IN THESE LINES ARE				•							
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I					2022	1 DOD 7337 (0000 577577	DE ~	2002		OB 15 007
	MEDI-CAL SERVICE		UKES M	ONTH-OF-PAYMENT I	KEPOR'I	FOR JAN 2	ZUUZ THRU	DEC	2002	PA	GE 15,837
MOP024	FEE-FOR-SERVICE/		v D00	DADMIM DDOODAY		7 TD 2005	7.6				01/17/03
TRINITY COUNTY	SUMMAKI OF SERVI	CES FOR 6U-DA	ı POST	PARTUM PROGRAM		AID CODE			IT V 7777777	CE	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	2	11 \$	467.77	\$	42.52	3.667	\$ 233.89	\$ 155.93	2
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000	\$.00	\$.0	0
OUTPATIENT VISITS	0	0	.00		.00	.000	.00	.0	0
OFFICE VISITS	0	0	.00		.00	.000	.00	.0	0
HOME VISITS	0	0	.00		.00	.000	.00	.0	0
EMERGENCY ROOM	0	0	.00		.00	.000	.00	.00	
PREVENTIVE CARE	Û	0	.00		.00	.000	.00	.0	
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00	.0	
OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00			.000	.00	.00	
	0	0			.00				
HOSPITAL VISITS	ŭ	0	.00		.00	.000	.00	.01	
CRITICAL CARE	0	Ü	.00		.00	.000	.00	.0	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.01	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.0	
EXAMINATIONS	0	0	.00		.00	.000	.00	.0	0
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.0	0
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00	.0	0
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.0	0
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.0	0
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.0	0
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00	.0	
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.0	
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00	
	0	0							
DIALYSIS	•	0	.00		.00	.000	.00	.01	
PATHOLOGY	0		.00		.00	.000	.00	.01	
RADIOLOGY	0	0	.00		.00	.000	.00	.01	
PSYCHIATRY	0	0	.00		.00	.000	.00	.0	
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.01	
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000	.00	.0	
@PHARMACY	1	2 \$	12.69	\$	6.35	.667	\$ 12.69	\$ 4.2	3
PRESCRIPTION DRUGS	1	2	12.69		6.35	.667	12.69	4.2	3
SNF/ICF	0	0	.00		.00	.000	.00	.0	0
OUTPATIENTS	1	2	12.69		6.35	.667	12.69	4.2	3
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.0	
@DENTIST	0	0 \$		\$.00		\$.00	\$.0	
VISITS - DIAGNOSTIC	0	0	.00	·	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00		.00	.000	.00	.0	
DRUGS	0	0	.00		.00	.000	.00	.0	
ANESTHESIA	0	0	.00		.00	.000	.00	.00	
PERIODONTICS	0	0	.00			.000	.00		
	0	0			.00			.01	
ENDODONTICS	0	0	.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.01	
PROSTHETICS	Ü	Ü	.00		.00	.000	.00	.0	
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.0	
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.0	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.01	0
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.0	0
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.0	0
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 15,	838
MOP024	FEE-FOR-SERVICE/D							01/17	
TRINITY COUNTY			ST PARTUM PROGRAM		AID CODE	E 76		- ,	-
							NTHLY AVERA	GE	_
03 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVF.	RAGE COST	UNITS/DAYS		COST PE	
00 111011110	35210			-141		- J / DIII O	COSI ILI	2221 111	

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	9	\$ 440.30	\$ 48.92	3.000	\$ 440.30	\$ 146.77
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	9	440.30	48.92	3.000	440.30	146.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	62.03	31.02	.667	62.03	20.68

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.333	31.93	10.64
CROSSOVERS/ALL OTH OUTPINT	1	6	346.34	57.72	2.000	346.34	115.45
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES N	IONTH-OF-PAYMENT REPOR	T FOR JAN 2	002 THRU DEC	2002	PAGE 15,839
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	60-DAY POST	PARTUM PROGRAM	AID CODE			
				•	MONI	HLY AVERAG	E

03 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAY	SIVII	COST PER	.OLI	COST PER
00 HIIGIDHEO	ODLING	OR DAYS OF CAR		EMPLIONES		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	9	\$	440.30	Ś	48.92	3.000		440.30	Ś	146.77
COMM HOSP INPATIENT TOTAL	0	0	т	.00	Ψ	.00	.000	Τ	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	9		440.30		48.92	3.000		440.30		146.77
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		62.03		31.02	.667		62.03		20.68
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		31.93		31.93	.333		31.93		10.64
CROSSOVERS/ALL OTH OUTPTNT	1	6		346.34		57.72	2.000		346.34		115.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	14.78	\$.00	.000	\$.00	\$	4.93
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		14.78		.00	.000		.00		4.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MONTH	-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 20	002	PA	GE 15,840
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PAR	TUM PROGRAM		AID CODE					
							M	ONTHLY	Y AVERA	GE -	

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0 \$.00	\$.00	.000 \$.00	\$.00
		OR DAYS OF CARE	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE O	OR DAYS OF CARE O

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,841

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

							M	ONTI	HLY AVERA	GE ·	
367 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE	C		PEI	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	234	2,049	\$	111,268.98	\$	54.30	5.583	\$	475.51	\$	303.19
@PHYSICIANS SERVICES	131	418	\$	23,218.00	\$	55.55	1.139	\$	177.24	\$	63.26
OUTPATIENT VISITS	80	231		7,907.53		34.23	.629		98.84		21.55
OFFICE VISITS	41	49		1,888.39		38.54	.134		46.06		5.15
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		152.68		76.34	.005		76.34		.42
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	42	180		5,866.46		32.59	.490		139.68		15.98
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	16	34		1,922.49		56.54	.093		120.16		5.24
HOSPITAL VISITS	16	31		1,408.21		45.43	.084		88.01		3.84
CRITICAL CARE	1	3		514.28		171.43	.008		514.28		1.40
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	18	63		9,679.86		153.65	.172		537.77		26.38
PRINCIPAL SURGEON	14	14		8,038.19		574.16	.038		574.16		21.90
ASSISTANT SURGEON	2	2		373.00		186.50	.005		186.50		1.02
ANESTHESIOLOGIST	6	47		1,268.67		26.99	.128		211.45		3.46
OUTPATIENT SURGERY	6	26		1,502.76		57.80	.071		250.46		4.09
PRINCIPAL SURGEON	5	14		1,199.13		85.65	.038		239.83		3.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	12		303.63		25.30	.033		151.82		.83
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	20		555.89		27.79	.054		42.76		1.51
RADIOLOGY	31	35		1,221.00		34.89	.095		39.39		3.33
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		52.90		52.90	.003		52.90		.14
OTHER SERVICES/ALL X-OVERS	7	8		375.57		46.95	.022		53.65		1.02
@PHARMACY	70	120	\$	4,037.42	\$	33.65	.327	Ś	57.68	\$	11.00
PRESCRIPTION DRUGS	66	108	т	2,968.86	т	27.49	.294	т	44.98	т	8.09
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	66	108		2,968.86		27.49	.294		44.98		8.09
MEDICAL SUPPLIES	6	12		1,068.56		89.05	.033		178.09		2.91
@DENTIST	1	1	\$.00	Ś	.00	.003	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	1	1	т	.00	т	.00	.003	т	.00	т	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	Ö		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Û	Ö		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
1111 011111 011(1010	9	9		• 0 0		• • • •	.000		• 0 0		• • • •

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,842

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

TRINITY COUNTY	SUMMARY OF SERV.	ICES FOR	185%/60	-DAY PP	AID CODES 4	44 4	/ 48 49 69		0375		C D	
267 BITGIBIBE	HOEDO	IINITEG OF	ODDITE OD			7. 7. 7				'HLY AVERA		
367 ELIGIBLES	USERS	UNITS OF	OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY					COST PER ELIGIBLE
@OPTOMETRIST	0	OR DAIS	OF CARE	\$.00	PE \$.00	.000		USER .00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	Ş	.00	Ą	.00	.000	Ş	.00	Ş	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	ċ	.00	ċ	.00
VISITS	0		0	Ş	.00	Ą	.00	.000	Ş	.00	Ş	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ċ	.00	\$.00
MEDICINE/INJECTIONS	0		0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		9	\$		\$	57.35		\$		\$	1.41
NURSE ANESTHESIST	1		6	\$	151.91	\$	25.32		\$	151.91	\$.41
NURSE MIDWIFE	0		0	\$.00	Ś	.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	117		632	Š			115.50	1.722		623.91		198.90
HOSP INPATIENT TOTAL	17		56	٧	57,995.88	Υ	1035.64	.153	Y	3411.52	۲	158.03
HSC HOSPITALS	1		1		1,113.00		1113.00	.003		1113.00		3.03
NON-HSC HOSPITAL TOTAL	16		55		56,882.88		1034.23	.150		3555.18		154.99
ACCOMMODATIONS	15		55		18,545.75		337.20	.150		1236.38		50.53
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15		55		18,545.75		337.20	.150		1236.38		50.53
ANCILLARIES	16		0		38,337.13		.00	.000		2396.07		104.46
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	107		576		15,001.10		26.04	1.569		140.20		40.87
MEDICAL	30		44		1,914.86		43.52	.120		63.83		5.22
SURGERY	9		11		454.15		41.29	.030		50.46		1.24
PATHOLOGY	59		190		2,453.18		12.91	.518		41.58		6.68
RADIOLOGY	25		27		1,692.49		62.68	.074		67.70		4.61
ROOM USE	56		89		3,270.20		36.74	.243		58.40		8.91
CROSSOVERS/ALL OTH OUTPINT	42		215		5,216.22		24.26	.586		124.20		14.21
@COUNTY HOSPITAL TOTAL	61		234	\$		\$	91.98		\$	352.83	\$	58.65
CO HOSPITAL INPATIENT TOTAL	6		13		16,146.67		1242.05	.035		2691.11		44.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6		13		16,146.67		1242.05	.035		2691.11		44.00
ACCOMMODATIONS	5		13		5,260.00		404.62	.035		1052.00		14.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5		13		5,260.00		404.62	.035		1052.00		14.33
ANCILLARIES	6		0		10,886.67		.00	.000		1814.45		29.66
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	58		221		5,376.17		24.33	.602		92.69		14.65
MEDICAL	28		40		1,613.19		40.33	.109		57.61		4.40
SURGERY	5		7		310.10		44.30	.019		62.02		.84
PATHOLOGY	29		96		1,038.70		10.82	.262		35.82		2.83

RADIOLOGY	14	14	771.22	55.09	.038	55.09	2.10
ROOM USE	19	26	1,105.87	42.53	.071	58.20	3.01
CROSSOVERS/ALL OTH OUTPTNT	15	38	537.09	14.13	.104	35.81	1.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 15,843
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R 185%/60-DA	AY PP AID CODES 44 47	48 49 69	76		

						MC	NTHLY AVERA	GE	
367 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	T PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@COMMUNITY HOSPITAL TOTAL	63	398	\$	51,474.14	\$ 129.33	1.084	\$ 817.05	\$ 14	40.26
COMM HOSP INPATIENT TOTAL	11	43		41,849.21	973.24	.117	3804.47	1.3	14.03
HSC HOSPITALS	1	1		1,113.00	1113.00	.003	1113.00		3.03
NON-HSC HOSPITALS TOTAL	10	42		40,736.21	969.91	.114	4073.62	1.3	11.00
ACCOMMODATIONS	10	42		13,285.75	316.33	.114	1328.58		36.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	42		13,285.75	316.33	.114	1328.58		36.20
ANCILLARIES	10	0		27,450.46	.00	.000	2745.05	-	74.80
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	56	355		9,624.93	27.11	.967	171.87	2	26.23
MEDICAL	2	4		301.67	75.42	.011	150.84		.82
SURGERY	4	4		144.05	36.01	.011	36.01		.39
PATHOLOGY	34	94		1,414.48	15.05	.256	41.60		3.85
RADIOLOGY	11	13		921.27	70.87	.035	83.75		2.51
ROOM USE	39	63		2,164.33	34.35	.172	55.50		5.90
CROSSOVERS/ALL OTH OUTPTN	Г 28	177		4,679.13	26.44	.482	167.11	1	12.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	146	\$	2,954.23	\$	20.23	.398	\$	82.06	\$	8.05
PATHOLOGY	36	146		2,954.23		20.23	.398		82.06		8.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	32	\$	3,357.46	\$	104.92	.087	\$	159.88	\$	9.15
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	32		3,357.46		104.92	.087		159.88		9.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT REI	PORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 15,844
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	185%/6	0-DAY PP	AID CODES 44	4 47	48 49 69 76					

----- MONTHLY AVERAGE -----

367 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 17 685 4,036.80 \$ 5.89 1.866 \$ 237.46 \$ 11.00 1 85 150.43 1.77 .232 150.43 DURABLE MED. EQUIP. .41 0 0 .00 .00 .000 .00 BLOOD BANK .00 0 .00 HEARING AID DISPENSERS .00 .00 .000 .00 39 .106 682.13 MEDICAL TRANSPORTATION 2,728.51 69.96 7.43 38 928.51 309.50 AMBULANCES/AIR TRANS 24.43 .104 2.53 0 .00 .00 .000 .00 .00 OTHER TRANS 1,800.00 1800.00 .003 1800.00 4.90 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 0 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 11 GENETIC DISEASE TESTING 11 891.00 81.00 .030 81.00 2.43 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 . 00 . 00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .000 .00 PROSTHETICS .00 .00 .00 ORTHOTICS .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES

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EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS	1	550	266.86	.49	1.499	266.86	.73
@CALIF. CHILDREN SERVICES*	1	7	\$ 192.79	\$ 27.54	.019	\$ 192.79	\$.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,845 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----306 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 110,252.97 10.493 \$ 422.43 \$ 360.30 @TOTAL, ALL PROVIDERS 261 3,211 \$ 34.34 68 232 2,853.57 .758 \$ 41.96 \$ @PHYSICIANS SERVICES 12.30 9.33 0 0 .000 .00 OUTPATIENT VISITS .00 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 .000 . 00 INPATIENT HOSPITAL SURGERY . 00 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 2,853.57 12.30 .758 41.96 9.33 @PHARMACY 225 1,160 77,196.32 66.55 3.791 \$ 343.09 \$ 252.28 PRESCRIPTION DRUGS 220 1,011 74,335.02 73.53 3.304 337.89 242.92 SNF/ICF Ω 0 .00 .00 .000 .00 .00 220 3.304 337.89 1,011 74,335.02 73.53 242.92 OUTPATIENTS 38 MEDICAL SUPPLIES 149 2,861.30 19.20 .487 75.30 9.35 2.4 61 57.07 @DENTIST 3,481.00 .199 \$ 145.04 \$ 11.38 VISITS - DIAGNOSTIC 15 33 577.00 17.48 .108 38.47 1.89 215.00 71.67 71.67 .70 ORAL SURGERY .010 .00 .00 .000 .00 .00 DRUGS 0 .00 .00 .00 .000 .00 ANESTHESIA 200.00 200.00 .003 200.00 .65 PERIODONTICS ENDODONTICS 805.00 161.00 .016 268.33 2.63 1.3 RESTORATIVE DENTISTRY 1,014.00 78.00 .042 169.00 3.31 PROSTHETICS 30.00 15.00 30.00 .10

DENTURES, STAYPLATES	4	4	640.00	160.00	.013	160.00	2.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 15,846
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F	OR TITLE II	DISREGARD - AGED	AID CODE	16		

TRINITY COUNTY	SUMMARY OF SERV	VICES FOR	TITLE I	I DISF	EGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
306 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6		18	\$	368.46	\$	20.47	.059	\$	61.41	\$	1.20
DIAGNOSTIC AND ANC. PROCED	3		3		102.91		34.30	.010		34.30		.34
EYE APPLIANCES	5		15		265.55		17.70	.049		53.11		.87
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	3.72	\$	3.72	.003	\$	3.72	\$.01
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		3.72		3.72	.003		3.72		.01
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16		49	\$	5,006.37	\$	102.17	.160	\$	312.90	\$	16.36
HOSP INPATIENT TOTAL	5		14		3,083.10		220.22	.046		616.62		10.08
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5		14		3,083.10		220.22	.046		616.62		10.08
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11		35		1,923.27		54.95	.114		174.84		6.29
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			35		1,923.27		54.95	.114		174.84		6.29
@COUNTY HOSPITAL TOTAL	10		28	\$	1,128.12	\$	40.29	.092	Ş	112.81	Ş	3.69
CO HOSPITAL INPATIENT TOTAL			6		812.00		135.33	.020		812.00		2.65
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	6		812.00	135.33	.020	812.00		2.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	9	22		316.12	14.37	.072	35.12		1.03
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		22		316.12	14.37	.072	35.12		1.03
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITUR	FS M					D.	AGE 15,847
MOP024	FEE-FOR-SERVICE				DIONI ION OIN	ZOOZ IIIKO DI	C 2002		01/17/03
TRINITY COUNTY		ICES FOR TITLE I	T DT	SRECARD - AGED	AID COD	T 16			01/1//03
ININIII COONII	DOMINANT OF BEIN	TOES FOR TITLE I	1 01	SKEGAKD AGED	AID COD	MON	THIY AVERA	GE .	
306 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS			COST PER
000 221013220	00210	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	21	\$	3,878.25	\$ 184.68	.069 \$			12.67
COMM HOSP INPATIENT TOTAL	4			2,271.10	283.89	.026	567.78		7.42
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	4	8		2,271.10	283.89	.026	567.78		7.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4	13		1,607.15	123.63	.042	401.79		5.25
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	13		1,607.15	123.63	.042	401.79		5.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	6	0	\$	8,677.52	\$.00	.000 \$	1446.25	\$	28.36
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	6	0		8 , 677.52	.00	.000	1446.25		28.36
OTHERDAEDTAER CARE FACTI DD	^	^	<u> </u>	0.0	Δ	000 4	0.0	A	0.0

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@ORGANIZED OUTPATIENT CLINIC	43		66	\$	4,466.31		67.67		\$	103.87	\$	14.60
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	3		4		672.32		168.08	.013		224.11		2.20
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40		62		3,793.99		61.19	.203		94.85		12.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	PENDITUE	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU D	EC	2002	F	PAGE 15,848
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I D)ISREGARD - AGED		AID CODE	16				
								MC	NT.	HLY AVERA	GE.	
306 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS		3			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	79	1	. , 618	\$	8,177.16		5.05		\$	103.51	\$	26.72
DURABLE MED. EQUIP.	1		1		49.38		49.38	.003		49.38		.16
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	9		13		1,246.26		95.87	.042		138.47		4.07
MEDICAL TRANSPORTATION	6		190		746.39		3.93	.621		124.40		2.44
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	6		190		746.39		3.93	.621		124.40		2.44
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	7		14		188.73		13.48	.046		26.96		.62
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00

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PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	1,400		5,946.40	4.25	4.575	88.75	19.43
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	130	748	\$	23,582.84	\$ 31.53	2.444	\$ 181.41	\$ 77.07
O. H. MORRED TAX MURCH TAXABLE ADD CALLED	30 3 00030300		TENTA 031					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,849
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

TRINITY COUNTY	SUMMARY OF SERV	/ICES FOR TITLE I	I DIS	REGARD - BLIND	AID CODES 26	6A		
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
	0		•									
ENDODONTICS	U		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	EC VND EADEN	•	с момпи-		ים∩סיי ב			750		D	AGE 15,850
MOP024	FEE-FOR-SERVICE		NDII OKE	5 MONTH	OL LYIMPINI VE	TEOILI E	OK OAN	2002 11110 1	ک شار	, 2002	E.	01/17/03
				DICDECA	DD DITND	7 TD 0	0000 06	C 7				01/1//03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR TI	TTPE II	DISREGA	KD - BTIND	AID C	ODES 26				~-	
										HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SE		E	XPENDITURES			UNITS/DAY:	3	COST PER		COST PER
		OR DAYS OF	CARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0			\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0		0	7	.00	٧	.00	.000	Y	.00	Y	.00
	0		0									
OTHER SERVICES	0		-	~	.00	A	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	U			\$.00	\$.00	.000	۶	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	S	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	† :	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	₹ ≒	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	۲ د	.00	ć	.00	.000	\$.00	Ċ.	.00
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HOSP INPATIENT TOTAL	0		-		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		
MEDICAL	0						.00					.00
SURGERY	•		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	ŭ					PAGE 15,851
MOP024	FEE-FOR-SERVICE/DE			BIORT TOR OTHER	.002 IIII(O DE	2002	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE		SREGARD - BLIND	AID CODES 26	6A		01/11/00
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	\$.00	.000 \$.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$			·		·
CLINIC	U	U	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 15,852
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISH	REGARD - BLIND	AID CODES 26	6A		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
-	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	-					
HEARING AID DISPENSERS	-	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
	0	0					.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	U	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00		.000 \$.00	
@XOVER EXCLUDING STATE HOSP**	•	0 \$.00		.000 \$.00	•
@* TOTALS IN THESE LINES ARE	•	• 1		٠٠٠٠	.000 7	.00	٠.00
			•				
THE AMOUNTS ARE ALREADY IN			ABUVE.				
** THESE DATA ARE INCLUDED I					2000		
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOR	N'I'H-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	
MOP024	FEE-FOR-SERVICE/						01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISP	REG - DISABLED AI	D CODES 36 66			
					MONT	UIV AUEDAC	'E'

OR DAYS OF CARE

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

243 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	190	4,410	\$ 97,059.40	\$ 22.01	18.148	\$ 510.84	\$ 399.42
@PHYSICIANS SERVICES	48	124	\$ 2,702.39	\$ 21.79	.510	\$ 56.30	\$ 11.12
OUTPATIENT VISITS	11	21	507.20	24.15	.086	46.11	2.09
OFFICE VISITS	11	21	507.20	24.15	.086	46.11	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	130.03	43.34	.012	43.34	.54
EXAMINATIONS	3	3	130.03	43.34	.012	43.34	.54
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	174.17	34.83	.021	58.06	.72
PRINCIPAL SURGEON	3	5	174.17	34.83	.021	58.06	.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.54	8.54	.004	8.54	.04
RADIOLOGY	2	4	95.17	23.79	.016	47.59	.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	42	90	1,787.28	19.86	.370	42.55	7.36
@PHARMACY	176	2,520	\$ •	\$ 29.15	10.370	\$ 	\$ 302.31
PRESCRIPTION DRUGS	175	898	71,101.15	79.18	3.695	406.29	292.60

SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	175	898	71,1	01.15	79.18	3.695	406.29	292.60
MEDICAL SUPPLIES	25	1,622	2,3	60.42	1.46	6.675	94.42	9.71
@DENTIST	12	55	\$ 2,4	45.00 \$	44.45	.226	\$ 203.75	\$ 10.06
VISITS - DIAGNOSTIC	10	47	5	10.00	10.85	.193	51.00	2.10
ORAL SURGERY	2	2		90.00	45.00	.008	45.00	.37
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1	2	00.00	200.00	.004	200.00	.82
ENDODONTICS	1	1	3	30.00	330.00	.004	330.00	1.36
RESTORATIVE DENTISTRY	2	2	4	15.00	207.50	.008	207.50	1.71
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	9	00.00	450.00	.008	900.00	3.70
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAY	MENT REPOR	T FOR JAN	2002 THRU	DEC 2002	PAGE 15,854

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 P
MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

IRINIII COONII	SUMMARI OF SER	VICES FOR IIILE .	LT DI	SKEG - DISABLED A.	ID C	.00 00		\cap NIU	THLY AVERA	CE	
243 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7.7.7	ERAGE COST			COST PER	.GE	COST PER
243 ELIGIBLES	CAECO	OR DAYS OF CAR		EVERNOTIONES		R UNIT/DAY	/	-	USER		ELIGIBLE
@OPTOMETRIST	2	OR DAIS OF CAR	\$	215.06	\$.037			ċ	.89
DIAGNOSTIC AND ANC. PROCED	3	9	Ş	94.90	Ą	47.45	.008	Ş	47.45	Ą	.39
EYE APPLIANCES	2	2		74.65		14.93	.021		24.88		.31
OTHER OPTOMETRIC SERVICES	J 1	3		45.51		22.76	.008		45.51		.19
@CHIROPRACTOR		2	Ś	.00	\$.00	.000	ċ	.00	ċ	.00
VISITS	0	0	Ş	.00	Ą	.00	.000	Ş	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	Ś		÷			ċ		ċ	
@PODIATRIST	0	0	ş	.00	\$.00	.000	Ş	.00	Ą	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	U	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	U	^	.00	^	.00	.000	<u>_</u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	U	Ş	.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	U	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	96	Ş	7,088.22	\$.395	Ş	295.34	\$	29.17
HOSP INPATIENT TOTAL	1	2		5,243.83		2621.92	.008		5243.83		21.58
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		5,243.83		2621.92	.008		5243.83		21.58
ACCOMMODATIONS	1	2		1,065.00		532.50	.008		1065.00		4.38
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,065.00		532.50	.008		1065.00		4.38
ANCILLARIES	1	0		4,178.83		.00	.000		4178.83		17.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24	94		1,844.39		19.62	.387		76.85		7.59
MEDICAL	1	2		170.11		85.06	.008		170.11		.70
SURGERY	1	1		11.30		11.30	.004		11.30		.05
PATHOLOGY	2	5		74.09		14.82	.021		37.05		.30

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.008	84.88	.35
CROSSOVERS/ALL OTH OUTPTNT	22	84	1,504.01	17.90	.346	68.36	6.19
@COUNTY HOSPITAL TOTAL	8	37 \$	5,792.15	\$ 156.54	.152	\$ 724.02	\$ 23.84
CO HOSPITAL INPATIENT TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
ACCOMMODATIONS	1	2	1,065.00	532.50	.008	1065.00	4.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.008	1065.00	4.38
ANCILLARIES	1	0	4,178.83	.00	.000	4178.83	17.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	35	548.32	15.67	.144	68.54	2.26
MEDICAL	1	2	170.11	85.06	.008	170.11	.70
SURGERY	1	1	11.30	11.30	.004	11.30	.05
PATHOLOGY	2	5	74.09	14.82	.021	37.05	.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.008	84.88	.35
CROSSOVERS/ALL OTH OUTPINT	6	25	207.94	8.32	.103	34.66	.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 15,855
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

IKINIII COONII	SUMMARI OF SER	VICES FOR IIIL.	ב דד ה.	ISKEG - DISABLED A	ID CODES 30 00			~-	
0.4.0						MON			
243 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF C			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	59	\$	1,296.07	\$ 21.97	.243 \$		\$	5.33
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	17	59		1,296.07	21.97	.243	76.24		5.33
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	17	59		1,296.07	21.97	.243	76.24		5.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	8	\$	232.65	\$	29.08	.033	\$	58.16	\$.96
PATHOLOGY	3	7		194.65		27.81	.029		64.88		.80
XO AND OTHERS	1	1		38.00		38.00	.004		38.00		.16
@ORGANIZED OUTPATIENT CLINIC	38	55	\$	2,586.93	\$	47.04	.226	\$	68.08	\$	10.65
CLINIC	1	1		20.00		20.00	.004		20.00		.08
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	37	54		2,566.93		47.54	.222		69.38		10.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	IONTH-OF-PAYMENT R	EPORT	' FOR JAN	2002 THRU	DEC	2002	P7	AGE 15,856
MOP024	FEE-FOR-SERVICE/DE										01/17/03
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	1 0 0 37 MEDI-CAL SERVICES	1 0 0 54 AND EXPENDITU		.00 .00 .00 232.65 194.65 38.00 2,586.93 20.00 .00 .00 2,566.93	\$ \$ EPORI	.00 .00 .00 29.08 27.81 38.00 47.04 20.00 .00 .00 47.54 FOR JAN	.000 .000 .000 .033 .029 .004 .226 .004 .000 .000	\$ \$.00 .00 .00 58.16 64.88 38.00 68.08 20.00 .00 .00	·	.00 .00 .96 .80 .16 10.65 .08 .00 .00

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

11(11)111 0001(11	00111111111 01 01111	1020 1011 11122 .			510115115		220 00 00	MC	TNC	HLY AVERA	GE	
243 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EΣ	KPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	CC	OST PER
		OR DAYS OF CAR	Ξ			PER	UNIT/DAY	PER ELIG		USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	43	1,543	\$		8,327.58	\$	5.40	6.350	\$	193.66	\$	34.27
DURABLE MED. EQUIP.	1	1			16.20		16.20	.004		16.20		.07
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	9			786.85		87.43	.037		112.41		3.24
MEDICAL TRANSPORTATION	6	60			888.72		14.81	.247		148.12		3.66
AMBULANCES/AIR TRANS	2	9			432.16		48.02	.037		216.08		1.78
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	4	51			456.56		8.95	.210		114.14		1.88
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	5	15			195.89		13.06	.062		39.18		.81
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	33	1,458			6,439.92		4.42	6.000		195.15		26.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	74	1,995	\$		5,256.34	\$	2.63	8.210	\$	71.03	\$	21.63

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,857

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CO

MOPU24	FEE-FOR-SERVICE/DENTAL	_											01/1//03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R	TITLE I	ΙI	DI	SREGARD - FAMILIES		AID CODE					
									M		HLY AVERA	GE.	
00 ELIGIBLES			SERVICE			EXPENDITURES		VERAGE COST			COST PER		COST PER
	OR DA	YS	OF CARE	\equiv			Pl	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0		\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0		\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0			.00		.00	.000		.00		.00
OFFICE VISITS	0		0			.00		.00	.000		.00		.00
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00			.000		.00		.00
DIALYSIS	0		0					.00					
PATHOLOGY	0		-			.00		.00	.000		.00		.00
RADIOLOGY	U		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	U		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	U		0		<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PHARMACY	U		0		\$.00	\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0		0			.00		.00	.000		.00		.00
SNF/ICF	U		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		0		\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00		.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,858 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

IKINIII COUNII	SUMMARI OF SERV.	ICES FOR	TITTE T	L DIS	DVEGWYD - LAMILIES		AID CODE	40				
								MC		HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MON					PAGE 15,859
MOP024	FEE-FOR-SERVICE/D		IIH-OF-FAIMENI KE	FORT FOR JAN 2	.002 IRKO DEC	2002	01/17/03
TRINITY COUNTY		ES FOR TITLE II DISF	PECABD - FAMILIES	AID CODE	16		01/11/03
IRINIII COONII	SUMMARI OF SERVIC	ES FOR IIILE II DISF	REGARD - FAMILIES		MONT	HIV AMERA	2F
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EHIGIDHES		OR DAYS OF CARE	LAI LIDI I OILLO	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00				.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY							
ROOM USE	0	0	.00	.00	.000	.00	.00

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CROSSOVERS/ALL OTH OUTPTNT

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

0

0

0 0 0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF-	-PAYMENT REI	PORT	FOR JAN 2002	THRU	DEC 2	002	PA	GE 15,860
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	TITLE 1	II DISREGARD	- FAMILIES		AID CODE 46					

IIIIIIII COONII	DOIMING OF DELIVE	CDD IOIC		101110	TILD CODE	10		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,861 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

IKINIII COONII	SOMMAN OF SER	VICES FOR TITLE II	וטבטו	KEGAKD			MC	ידעכ	HLY AVERA	GE	
549 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	RAGE COST					COST PER
019 221012220	00210	OR DAYS OF CARE		2111 2112 1 0 1 1 2 2		R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	451	7,621 \$		207,312.37	\$	27.20	13.882	Ś	459.67		377.62
@PHYSICIANS SERVICES	116	356 \$			\$.648		47.90		10.12
OUTPATIENT VISITS	11	21		507.20	•	24.15	.038		46.11		.92
OFFICE VISITS	11	21		507.20		24.15	.038		46.11		.92
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		130.03		43.34	.005		43.34		.24
EXAMINATIONS	3	3		130.03		43.34	.005		43.34		.24
SERVICES AND MATERIALS	2	5		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
INPATIENT HOSPITAL SURGERY	0	0					.000				
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0					.000				
ANESTHESIOLOGIST	3	U		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	5		174.17		34.83	.009		58.06		.32
PRINCIPAL SURGEON	3	5		174.17		34.83	.009		58.06		.32
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		8.54		8.54	.002		8.54		.02
RADIOLOGY	2	4		95.17		23.79	.007		47.59		.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	110	322		4,640.85		14.41	.587		42.19		8.45
@ PHARMACY	401	3,680 \$			\$		6.703	Ş		\$	274.42
PRESCRIPTION DRUGS	395	1,909		145,436.17		76.18	3.477		368.19		264.91
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	395	1,909		145,436.17		76.18	3.477		368.19		264.91
MEDICAL SUPPLIES	63	1,771		5 , 221.72		2.95	3.226		82.88		9.51
@DENTIST	36	116 \$			\$.211	\$		\$	10.79
VISITS - DIAGNOSTIC	25	80		1,087.00		13.59	.146		43.48		1.98
ORAL SURGERY	5	5		305.00		61.00	.009		61.00		.56
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		400.00		200.00	.004		200.00		.73
ENDODONTICS	4	6		1,135.00		189.17	.011		283.75		2.07
RESTORATIVE DENTISTRY	8	15		1,429.00		95.27	.027		178.63		2.60
PROSTHETICS	1	2		30.00		15.00	.004		30.00		.05

DENTURES, STAYPLATES	5	6	1,540.00	256.67	.011	308.00	2.81
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 15,862
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIC @OPTOMETRIST 9 27 \$ 583.52 \$ 21.61 .049 \$ 64.84 \$ DIAGNOSTIC AND ANC. PROCED 5 5 197.81 39.56 .009 39.56 20 340.20 17.01 .036 42.53 42.53 45.51 22.76 .004 45.51 45.51 60.00 60.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <th>ST PER IGIBLE 1.06 .36 .62 .08</th>	ST PER IGIBLE 1.06 .36 .62 .08
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIC @OPTOMETRIST 9 27 \$ 583.52 \$ 21.61 .049 \$ 64.84 \$ DIAGNOSTIC AND ANC. PROCED 5 5 197.81 39.56 .009 39.56 20 340.20 17.01 .036 42.53 42.53 45.51 22.76 .004 45.51 45.51 60.00 60.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <td>1.06 .36 .62 .08</td>	1.06 .36 .62 .08
DIAGNOSTIC AND ANC. PROCED 5 5 197.81 39.56 .009 39.56 EYE APPLIANCES 8 20 340.20 17.01 .036 42.53 OTHER OPTOMETRIC SERVICES 1 2 45.51 22.76 .004 45.51 @CHIROPRACTOR 0 \$.00 \$.00 \$.00 \$ VISITS 0 0 .00 .00 .00 .00 .00 .00	.36 .62 .08
EYE APPLIANCES 8 20 340.20 17.01 .036 42.53 OTHER OPTOMETRIC SERVICES 1 2 45.51 22.76 .004 45.51 @CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$ VISITS 0 0 .00 .00 .00 .00 .00 .00	.62 .08
EYE APPLIANCES 8 20 340.20 17.01 .036 42.53 OTHER OPTOMETRIC SERVICES 1 2 45.51 22.76 .004 45.51 @CHIROPRACTOR 0 \$.00 \$.00 \$.00 \$ VISITS 0 0 .00 .00 .00 .00 .00 .00	.62 .08
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	
VISITS 0 0 .00 .00 .00 .00	
0.000	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
@PODIATRIST 1 1 \$ 3.72 \$ 3.72 \$ 3.72 \$.01
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 1 1 3.72 3.72 .002 3.72	.01
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
	22.03
	15.17
HSC HOSPITALS 0 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 1 2 5,243.83 2621.92 .004 5243.83	9.55
ACCOMMODATIONS 1 2 1,065.00 532.50 .004 1065.00	1.94
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 1 2 1,065.00 532.50 .004 1065.00	1.94
ANCILLARIES 1 0 4,178.83 .00 .000 4178.83	7.61
INPATIENT CROSSOVERS 5 14 3,083.10 220.22 .026 616.62	5.62
	.00
· · · · · · · · · · · · · · · · ·	6.86
· · · · · · · · · · · · · · · · · · ·	
	.31
**************************************	.02
	.13
***************************************	.00
ROOM USE 1 2 84.88 42.44 .004 84.88	.15
CROSSOVERS/ALL OTH OUTPTNT 33 119 3,427.28 28.80 .217 103.86	6.24
	12.61
	11.03
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 1 2 5,243.83 2621.92 .004 5243.83	9.55
ACCOMMODATIONS 1 2 1,065.00 532.50 .004 1065.00	1.94
ADMINISTRATIVE DAYS 0 0 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 1 2 1,065.00 532.50 .004 1065.00	1.94
ANCILLARIES 1 0 4,178.83 .00 .000 4178.83	7.61

1	6	812.00	135.33	.011	812.00	1.48
0	0	.00	.00	.000	.00	.00
17	57	864.44	15.17	.104	50.85	1.57
1	2	170.11	85.06	.004	170.11	.31
1	1	11.30	11.30	.002	11.30	.02
2	5	74.09	14.82	.009	37.05	.13
0	0	.00	.00	.000	.00	.00
1	2	84.88	42.44	.004	84.88	.15
15	47	524.06	11.15	.086	34.94	.95
MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 15,863
FEE-FOR-SERVICE/	DENTAL					01/17/03
SUMMARY OF SERVI	CES FOR TITLE II DI	SREGARD				
				MON	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
25	80 \$	5,174.32	\$ 64.68	.146 \$	206.97	\$ 9.42
4	8	2,271.10	283.89	.015	567.78	4.14
0	0	.00	.00			.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	8	2,271.10	283.89	.015	567.78	4.14
0	0	.00	.00	.000	.00	.00
21	72	2,903.22	40.32	.131	138.25	5.29
0	0	.00	.00	.000	.00	.00
	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	0 0 0 0 0 17 57 1 2 1 1 2 1 1 1 2 5 5 0 0 0 0 0 0 1 2 1 5 47	0 0 0 .00 17 57 864.44 1 2 170.11 1 1 1 1.30 2 5 74.09 0 0 0 .00 1 2 84.88 15 47 524.06 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT R FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE 25 80 \$ 5,174.32 4 8 2,271.10 0 0 0 .00 0 0 0.00	O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0

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SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	21	72		2,903.22		40.32	.131		138.25		5.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	'	.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	0	\$	8,677.52	\$.00	.000	Ś	1446.25	Ś	15.81
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	0		8,677.52		.00	.000		1446.25		15.81
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	14	\$	255.19	\$	18.23	.026	\$	42.53	\$.46
PATHOLOGY	3	7		194.65		27.81	.013		64.88		.35
XO AND OTHERS	3	7		60.54		8.65	.013		20.18		.11
@ORGANIZED OUTPATIENT CLINIC	81	121	\$	7,053.24	\$	58.29	.220	\$	87.08	\$	12.85
CLINIC	1	1		20.00		20.00	.002		20.00		.04
SURGICENTER	3	4		672.32		168.08	.007		224.11		1.22
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	77	116		6,360.92		54.84	.211		82.61		11.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	MONTH-OF-PAYMENT RE	PORT	' FOR JAN 2002	THRU	DEC	2002	PF	AGE 15,864
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	SREGARD							
							N	INON	HLY AVERA	GE -	

					MON	ILLI AAFKA	GE
549 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	122	3,161 \$	16,504.74	\$ 5.22	5.758 \$	135.28	\$ 30.06
DURABLE MED. EQUIP.	2	2	65.58	32.79	.004	32.79	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	22	2,033.11	92.41	.040	127.07	3.70
MEDICAL TRANSPORTATION	12	250	1,635.11	6.54	.455	136.26	2.98
AMBULANCES/AIR TRANS	2	9	432.16	48.02	.016	216.08	.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	241	1,202.95	4.99	.439	120.30	2.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	29	384.62	13.26	.053	32.05	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	2,858		12,386.32	4.33	5.206	123.86	22.56
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	204	2,743	\$	28,839.18	\$ 10.51	4.996	\$ 141.37	\$ 52.53
A* MOMAIC IN MURCE IINEC ADE CIVEN		TALECDMANTA	THEM ONE	V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,865
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

TRINITY COUNTY	SUMMARY OF SER	VICES FOR IN HOME	: SUPI	PORT - AGED		AID CODE	18				
							MC	TNC	HLY AVERA	GΕ	
288 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	237	7,596	\$	236,130.41	\$	31.09	26.375	\$	996.33	\$	819.90
@PHYSICIANS SERVICES	43	89	\$	1,198.95	\$	13.47	.309	\$	27.88	\$	4.16
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	43	89		1,198.95		13.47	.309		27.88		4.16
@PHARMACY	184	1,040	\$	65,948.78	\$	63.41	3.611	\$	358.42	\$	228.99
PRESCRIPTION DRUGS	180	981		63,959.66		65.20	3.406		355.33		222.08
SNF/ICF	4	52		2,498.57		48.05	.181		624.64		8.68
OUTPATIENTS	176	929		61,461.09		66.16	3.226		349.21		213.41
MEDICAL SUPPLIES	14	59		1,989.12		33.71	.205		142.08		6.91
@DENTIST	6	9	\$	560.00	\$	62.22	.031	\$	93.33	\$	1.94
VISITS - DIAGNOSTIC	3	5		70.00		14.00	.017		23.33		.24
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
	0		0									
PROSTHETICS	Ü		Ü		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3		4		490.00		122.50	.014		163.33		1.70
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES	י אאר פערו	-	EC MONTE		7 D O D III			757		Ъ	
			ENDIIOR.	ES MONI	H-OF-PAIMENT RE	LPURI	FOR JAN .	2002 IRO 1	ノ正し	2002	Р	AGE 15,866
	FEE-FOR-SERVICE/D											01/17/03
TRINITY COUNTY	SUMMARY OF SERVIC	ES FOR	IN HOME	SUPPOR	T - AGED		AID CODE					
								Mo	TNC	HLY AVERA	GΕ	
288 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		1	\$	15.15	\$	15.15	.003	Ś	15.15		.05
DIAGNOSTIC AND ANC. PROCED	0		0	7	.00	т	.00	.000	т	.00	т	.00
	0		0		.00					.00		
EYE APPLIANCES	0						.00	.000				.00
OTHER OPTOMETRIC SERVICES	1		1		15.15		15.15	.003		15.15		.05
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3	\$	27.07	\$	9.02	.010	\$	9.02	\$.09
MEDICINE/INJECTIONS	0		0	·	.00	•	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0											
OTHER	3		3	_	27.07	_	9.02	.010	_	9.02	_	.09
@HOME HEALTH AGENCY	0		0	Ş	.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	17		100	S		\$.347		404.91		23.90
HOSP INPATIENT TOTAL	8		39	7	5,317.86	4	136.36	.135	т	664.73	-T	18.46
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		-									
NON-HSC HOSPITAL TOTAL	•		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8		39		5,317.86		136.36	.135		664.73		18.46
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10		61		1,565.57		25.67	.212		156.56		5.44
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	10		61		1,565.57		25.67	.212		156.56		5.44
@COUNTY HOSPITAL TOTAL	7		30	\$	2,579.93	\$	86.00	.104	Ś	368.56	Ś	8.96
CO HOSPITAL INPATIENT TOTAL	3		17	т	2,109.86	~	124.11	.059	~	703.29	7	7.33
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
HOC HODELING	O		U		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3	17		2,109.86	124		.059	703.29		7.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	13		470.07		.16	.045	94.01		1.63
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								
RADIOLOGY	U	O .		.00		.00	.000	.00		.00
ROOM USE	Ü	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	13		470.07		.16	.045	94.01	_	1.63
#CALIF DEPT OF HEALTH SERV			CURES !	MONTH-OF-PAYMENT RE	EPORT FOR	JAN	2002 THRU DE	C 2002	P	AGE 15,867
MOP024	FEE-FOR-SERVICE/D									01/17/03
TRINITY COUNTY	SUMMARY OF SERVIC	ES FOR IN HO	DME SU	PPORT - AGED	AID	CODE				
							MON			
288 ELIGIBLES	USERS U	NITS OF SERVI	ICE	EXPENDITURES	AVERAGE	COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	ARE		PER UNI	r/day	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	70	\$	4,303.50	\$ 61	.48	.243 \$	430.35	\$	14.94
COMM HOSP INPATIENT TOTAL	5	22		3,208.00	145	.82	.076	641.60		11.14
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	5	22		3,208.00	145		.076	641.60		11.14
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	O	48		1,095.50		.82	.167	219.10		3.80
MEDICAL	5	0		•			.000			
	0	0		.00		.00		.00		.00
SURGERY	U	-		.00		.00	.000	.00		.00
PATHOLOGY	U	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	5	48		1,095.50		.82	.167	219.10		3.80
@STATE HOSPITAL	0	0	\$.00	•	.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	29	645	\$	149,332.90	\$ 231	.52	2.240 \$	5149.41	\$	518.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
THE D GUDACUME HODME DAGED	0	0		0.0		0.0	000	0.0		0.0

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

0

0

0

0

0

29

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	26.15	\$	5.23	.017	\$	6.54	\$.09
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	4	5		26.15		5.23	.017		6.54		.09
@ORGANIZED OUTPATIENT CLINIC	40	72	\$	2,905.77	\$	40.36	.250	\$	72.64	\$	10.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		384.24		192.12	.007		384.24		1.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	70		2,521.53		36.02	.243		64.65		8.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 15,868
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUF	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GΕ	
288 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	. UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	81	5 , 632	\$	9,232.21	\$	1.64	19.556	\$	113.98	\$	32.06
DURABLE MED. EQUIP.	7	20		2,344.57		117.23	.069		334.94		8.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	18	276		1,639.97		5.94	.958		91.11		5.69
AMBULANCES/AIR TRANS	1	1		107.16		107.16	.003		107.16		.37
OTHER TRANS	3	24		113.88		4.75	.083		37.96		.40
OTHER SERVICES	15	251		1,418.93		5.65	.872		94.60		4.93
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		26.08		13.04	.007		26.08		.09
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	186.04	46.51	.014	93.02	.65
PROSTHETICS	2	4	186.04	46.51	.014	93.02	.65
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	5,330	5,035.55	.94	18.507	76.30	17.48
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.024	\$ 489.30	\$ 3.40
@XOVER EXCLUDING STATE HOSP**	120	667	\$ 21,052.38	\$ 31.56	2.316	\$ 175.44	\$ 73.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,869
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

TRINITY COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPPO	DRT - BLIND		AID CODE	28		
							MON	ITHLY AVERA	GE
11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	12	\$	299.87	\$	24.99	1.091	99.96	\$ 27.26
@PHYSICIANS SERVICES	2	4	\$	60.26	\$	15.07	.364	30.13	\$ 5.48
OUTPATIENT VISITS	0	0		.00		.00	.000	.00	.00
OFFICE VISITS	0	0		.00		.00	.000	.00	.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4		60.26		15.07	.364	30.13	5.48
@PHARMACY	2	6	\$	51.70	\$	8.62	.545	25.85	\$ 4.70
PRESCRIPTION DRUGS	2	6		51.70		8.62	.545	25.85	4.70

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	6	51.70	8.62	.545	25.85	4.70
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	DEC 2002	PAGE 15,870
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

AID CODE 28

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SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

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TRINITY COUNTY

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

11 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 2 187.91 Ś 93.96 .182 \$ 187.91 \$ 17.08 47.45 47.45 .091 47.45 4.31 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 140.46 140.46 .091 140.46 12.77 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 . 00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 0 .00 .00 \$ @PODIATRIST .00 Ś .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 SURGERY/ANES. .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 0 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 NURSE MIDWIFE .00 Ś .00 .000 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 Ś .00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000

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RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REPOR	RT FOR JAN :	2002 THRU D	EC 2002	PAGE 15,871
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		
					MO	NTHLY AVERAG	E

					MON	THLY AVERAG	GE
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 9	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 9	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 9	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 9	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURE	ES MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 15,872
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----11 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 .00 \$.00 .00 @CALIF. CHILDREN SERVICES* .000 \$ \$.00 \$ 60.26 15.07 .364 \$ 30.13 \$ 5.48 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,873 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

11(11(11) 0001(11)	COLUMNIC OF CEL				1112 0022	0.0		
						MON	ITHLY AVERA	GE
197 ELIGIBLES	USERS	UNITS OF SERVICE	₹	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARI	Ξ		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	144	7,054	\$	73,524.33	\$ 10.42	35.807	510.59	
@PHYSICIANS SERVICES	38	171	\$	3,399.06	\$ 19.88	.868	89.45	\$ 17.25
OUTPATIENT VISITS	2	3		165.43	55.14	.015	82.72	.84
OFFICE VISITS	1	2		97.08	48.54	.010	97.08	.49
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.005	68.35	.35
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	13		308.64	23.74	.066	308.64	1.57
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		308.64	23.74	.066	308.64	1.57
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		10.12	10.12	.005	10.12	.05

RADIOLOGY	2	2			84.77		42.39	.010		42.39		.43
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	36	152			2,830.10		18.62	.772		78.61		14.37
@PHARMACY	131	3,044	\$	ļ	56,505.06	\$	18.56	15.452	\$	431.34	\$	286.83
PRESCRIPTION DRUGS	130	687		Į.	54,703.43		79.63	3.487		420.80		277.68
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	130	687		ļ	54,703.43		79.63	3.487		420.80		277.68
MEDICAL SUPPLIES	13	2,357			1,801.63		.76	11.964		138.59		9.15
@DENTIST	2	4	\$		162.00	\$	40.50	.020	\$	81.00	\$.82
VISITS - DIAGNOSTIC	2	2			20.00		10.00	.010		10.00		.10
ORAL SURGERY	1	1			85.00		85.00	.005		85.00		.43
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1			57.00		57.00	.005		57.00		.29
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES I	MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 15,874

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

----- MONTHLY AVERAGE -----UNITS OF SERVICE 197 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18 75.42 \$ @OPTOMETRIST 5 377.12 20.95 .091 \$ 3 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 3 142.35 .015 .72 .076 EYE APPLIANCES 15 234.77 15.65 58.69 1.19 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 0 .00 .000 .00 VISITS .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST 144.76 72.38 .010 \$ 144.76 \$.73 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 144.76 72.38 .010 144.76 .73 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER \$ 0 .000 \$ FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 71 @TOTAL HOSPITAL 7,151.50 \$ 100.73 .360 \$ 340.55 36.30 HOSP INPATIENT TOTAL 36 4,832.00 134.22 805.33 .183 24.53 0 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	6	36		4,832.00	134.22	.183	805.33		24.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	16	35		2,319.50	66.27	.178	144.97		11.77
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		13.43	13.43	.005	13.43		.07
PATHOLOGY	1	1		31.97	31.97	.005	31.97		.16
RADIOLOGY	0	0		34.70	.00	.000	.00		.18
ROOM USE	1	1		31.93	31.93	.005	31.93		.16
CROSSOVERS/ALL OTH OUTPTNT	15	32		2,207.47	68.98	.162	147.16		11.21
@COUNTY HOSPITAL TOTAL	8	16	\$	1,804.80	\$ 112.80	.081 \$			9.16
CO HOSPITAL INPATIENT TOTAL	2	8		1,604.00	200.50	.041	802.00		8.14
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	0.0		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	0.00	0.0		.00
INPATIENT CROSSOVERS	2	8		1,604.00	200.50	.041	802.00 .00 33.47		8.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	002.00		.00
CO HOSP OUTPATIENT TOTAL	6	8		200.80	25.10	.041	33 47		1.02
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		23.15	23.15	.005	23.15		.12
RADIOLOGY	0	0		34.70	.00	.000	.00		.18
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		7		142.95	20.42	.036	28.59		.73
#CALIF DEPT OF HEALTH SERV			IRES MO					PACE	15,875
MOP024	FEE-FOR-SERVICE		JIN CHAIL	ONTH OF PAIMENT K.	EFORT FOR UAN	ZUUZ IIIKU DE	C 2002		1/17/03
TRINITY COUNTY	,		AE CIIDE	PORT - DISABLED	AID CODE	68		U	1/1//05
ININIII COONII	SUMMANT OF SERVI	ICES FOR IN HOL	TE SUFF	OKI DISADUD	AID CODE	MON	THIY AVERA	GE	
197 ELIGIBLES	HSERS	UNITS OF SERVICE	TE.	EXPENDITURES	AVERAGE COST				T PER
19/ 111011110	ODLIND	OR DAYS OF CAR		EMILINDITORES	PER UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	13	55	\$	5,346.70	\$ 97.21	.279 \$			27.14
COMM HOSP INPATIENT TOTAL	4	28	Y	3,228.00	115.29	.142	807.00		16.39
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0 0 0 0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	4	28		3,228.00	115.29	.142	807.00		16.39
ALL OTHER INPATIENT	-	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10	27		2,118.70	78.47	.137	211.87		10.75
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		13.43	13.43	.005	13.43		.07
	0			8.82	.00	.000	.00		.04
PATHOLOGY	0	0		.00	.00	.000	.00		.04
RADIOLOGY	0	1		31.93	31.93	.005	31.93		.16
ROOM USE						uun			ı h
	10								
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	10	25	Ś	2,064.52 .00	82.58 \$.00	.127 .000 \$	206.45		10.48

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MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	24	\$	241.65	\$	10.07	.122	\$	40.28	\$	1.23
PATHOLOGY	3	21		230.90		11.00	.107		76.97		1.17
XO AND OTHERS	3	3		10.75		3.58	.015		3.58		.05
@ORGANIZED OUTPATIENT CLINIC	33	63	\$	2,053.98	\$	32.60	.320	\$	62.24	\$	10.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	63		2,053.98		32.60	.320		62.24		10.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURE	ES MONTH-OF	-PAYMENT	REPORT	FOR JAN 200	02 THRU	DEC	2002	PF	GE 15,876
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED		AID CODE 68	3				
										~-	

INTINITI COUNTI	SOMMANT OF SER	AICES LOW IN HOME SOLLOW	עמעטאנוע ו.	AID CODE	00		
					MON	ITHLY AVERA	GE
197 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	41	3 , 657 \$	3,489.20	\$.95	18.563 \$	85.10	\$ 17.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	166	881.92	5.31	.843	125.99	4.48
AMBULANCES/AIR TRANS	1	55	316.23	5.75	.279	316.23	1.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	111	565.69	5.10	.563	94.28	2.87
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	156.54	12.04	.066	26.09	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	301.89	.00	.000	.00	1.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	34	3,478	2,148.85	.62	17.655	63.20	10.91
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	69	2,680	\$ 12,815.32	\$ 4.78	13.604 \$	185.73	\$ 65.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

IKINIII COONII	SOMMAN OF SER	VICES FOR IN HOME SO	1101(1		MONT	HLY AVERA	GE
496 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	***	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	384	14,662 \$	309,954.61	\$ 21.14	29.560 \$	807.17	
@PHYSICIANS SERVICES	83	264 \$	•	\$ 17.64	.532 \$	56.12	\$ 9.39
OUTPATIENT VISITS	2	3	165.43	55.14	.006	82.72	.33
OFFICE VISITS	1	2	97.08	48.54	.004	97.08	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	13	308.64	23.74	.026	308.64	.62
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	308.64	23.74	.026	308.64	.62
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.12	10.12	.002	10.12	.02
RADIOLOGY	2	2	84.77	42.39	.004	42.39	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	81	245	4,089.31	16.69	.494	50.49	8.24
@PHARMACY	317	4,090 \$		\$ 29.95	8.246 \$		
PRESCRIPTION DRUGS	312	1,674	118,714.79	70.92	3.375	380.50	239.34
SNF/ICF	4	52	2,498.57	48.05	.105	624.64	5.04
OUTPATIENTS	308	1,622	116,216.22	71.65	3.270	377.33	234.31
MEDICAL SUPPLIES	27	2,416	3,790.75	1.57	4.871	140.40	7.64
@DENTIST	8	13 \$		\$ 55.54	.026 \$	90.25	
VISITS - DIAGNOSTIC	5	7	90.00	12.86	.014	18.00	.18
ORAL SURGERY	1	1	85.00	85.00	.002	85.00	.10
DRUGS	0	0	.00	.00	.002	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0					
ENDODONTICS	U 1	0 1	.00	.00 57.00	.000	.00 57.00	.00
RESTORATIVE DENTISTRY	U	0	57.00				.11
PROSTHETICS	U	U	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	4	490.00	122.50	.008	163.33	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 15,878
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	S FOR IN HOME ST	JPPORT				
					3.4	CATELLA ALTERNA	~ E

						M	ONT	CHLY AVERA	GE.	
496 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	21	\$ 580.18	\$	27.63	.042	\$	82.88	\$	1.17
DIAGNOSTIC AND ANC. PROCED	4	4	189.80		47.45	.008		47.45		.38
EYE APPLIANCES	5	16	375.23		23.45	.032		75.05		.76
OTHER OPTOMETRIC SERVICES	1	1	15.15		15.15	.002		15.15		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$ 171.83	\$	34.37	.010	\$	42.96	\$.35
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	4	5	171.83		34.37	.010		42.96		.35
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	38	171	\$ 14,034.93	\$	82.08	.345	\$	369.34	\$	28.30
HOSP INPATIENT TOTAL	14	75	10,149.86		135.33	.151		724.99		20.46
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00		.00		000		.00		.00
ACCOMMODATIONS	0	0		.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		000		.00		.00
ANCILLARIES	0	0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	14	75		10,149.86		135.33		151		724.99		20.46
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
HOSP OUTPATIENT TOTAL	26	96		3,885.07		40.47		194		149.43		7.83
MEDICAL	0	0		.00		.00		000		.00		.00
SURGERY	1	1		13.43		13.43		002		13.43		.03
PATHOLOGY	1	1		31.97		31.97		002		31.97		.06
RADIOLOGY	0	0		34.70		.00		000		.00		.07
ROOM USE	1	1		31.93		31.93		002		31.93		.06
CROSSOVERS/ALL OTH OUTPINT	25	93		3,773.04		40.57		188		150.92		7.61
@COUNTY HOSPITAL TOTAL	15	46 \$		4,384.73	\$	95.32		093	\$	292.32	\$	8.84
CO HOSPITAL INPATIENT TOTAL	5	25		3,713.86		148.55		050		742.77		7.49
HSC HOSPITALS	0	0		.00		.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		000		.00		.00
ACCOMMODATIONS	0	0		.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		000		.00		.00
ANCILLARIES	0	0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	5	25		3,713.86		148.55		050		742.77		7.49
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	21		670.87		31.95		042		60.99		1.35
MEDICAL	0	0		.00		.00		000		.00		.00
SURGERY	0	0		.00		.00		000		.00		.00
PATHOLOGY	1	1		23.15		23.15		002		23.15		.05
RADIOLOGY	0	0		34.70		.00		000		.00		.07
ROOM USE	0	0		.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		20		613.02		30.65		040		61.30		1.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-O	F-PAYMENT RE	EPORT	FOR JAN	2002 I	HRU	DEC	2002	PA	GE 15,879
MOP024	FEE-FOR-SERVICE/DENT											01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR IN HOME S	SUPPORT									

496 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 23 125 \$ 9,650.20 \$ 77.20 .252 \$ 419.57 \$ 19.46 6,436.00 128.72 .101 715.11 12.98 50 COMM HOSP INPATIENT TOTAL 9 .00 .000 3.72 .00 .00 .00 .000 .000 HSC HOSPITALS 0 0 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 .00 .00 .00 .00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
128.72 .101
.00 .000
42.86 .151
.00 .000
13.43 .002
.00 .000
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.00 .000
.00 .000
.00 .000
.00 .000 ACCOMMODATIONS 0 .00 . 00 . 00 .00 ADMINISTRATIVE DAYS .00 .00 Ω .00 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 0 .00 ANCILLARIES .00 .00 715.11 INPATIENT CROSSOVERS 50 6,436.00 12.98 .00 Ω Ω .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 15 75 3,214.20 214.28 6.48 0 0 .00 .00 .00 MEDICAL 1 1 SURGERY 13.43 13.43 .03 Ω 0 PATHOLOGY 8.82 .00 .02 .00 RADIOLOGY .00 .00

31.93

ROOM USE

----- MONTHLY AVERAGE -----

31.93

.06

CROSSOVERS/ALL OTH OUTPINT	15	73		3,160.02		43.29	.147		210.67		6.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	29	645	\$	149,332.90	\$	231.52	1.300	\$	5149.41	\$	301.07
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	645		149,332.90		231.52	1.300		5149.41		301.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	29	\$	267.80	\$	9.23	.058	\$	26.78	\$.54
PATHOLOGY	3	21		230.90		11.00	.042		76.97		.47
XO AND OTHERS	7	8		36.90		4.61	.016		5.27		.07
@ORGANIZED OUTPATIENT CLINIC	73	135	\$	4,959.75	\$	36.74	.272	\$	67.94	\$	10.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		384.24		192.12	.004		384.24		.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	72	133		4,575.51		34.40	.268		63.55		9.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MO	ONTH-OF-PAYMENT RE	EPOR	FOR JAN 20	02 THRU	DEC	2002	PI	AGE 15,880
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R IN HON	ME SUPI	PORT							

----- MONTHLY AVERAGE -----496 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 122 9,289 12,721.41 \$ 1.37 18.728 \$ 104.27 \$ 25.65 20 7 2,344.57 117.23 .040 334.94 DURABLE MED. EQUIP. .00 BLOOD BANK 0 0 .00 .00 .000 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 25 MEDICAL TRANSPORTATION 442 2,521.89 5.71 .891 100.88 5.08 AMBULANCES/AIR TRANS 56 423.39 7.56 .113 211.70 .85 OTHER TRANS 24 113.88 4.75 .048 37.96 .23 OTHER SERVICES 21 362 1,984.62 5.48 .730 94.51 4.00 ACUPUNCTURE 0 Ω .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 .000 0 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 15 182.62 12.17 .030 26.09 .37 0 .00 .00 .00 .00 PHYSICAL THERAPIST .000 0 .00 .00 .000 .00 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS 186.04 46.51 93.02 .38 .008 186.04 46.51 93.02 .008 .38 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00

HOSPICE SERVICES	0	0	301.89	.00	.000	.00	.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	8,808	7,184.40	.82	17.758	71.84	14.48
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.014	\$ 489.30	\$ 1.97
@XOVER EXCLUDING STATE HOSP**	191	3,351	\$ 33,927.96	\$ 10.12	6.756	\$ 177.63	\$ 68.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,881
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

ININITI COONTI	DOMMANT OF DER	VICES FOR FOREIGN	DIANCE AGED			Mo	тис	HIY AVERA	GE	
1,474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:				COST PER
1,171 221012220	00210	OR DAYS OF CARE			UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,108		\$ 656,729.22	\$	35.57	12.524	\$	592.72		445.54
@PHYSICIANS SERVICES	263	•	\$ 12,686.02	\$	14.37	.599	\$	48.24		8.61
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	263	883	12,686.02		14.37	.599		48.24		8.61
@PHARMACY	929	•	\$	\$	64.54	3.222	\$	329.94	\$	207.95
PRESCRIPTION DRUGS	918	4,437	295,846.86		66.68	3.010		322.27		200.71
SNF/ICF	16	138	5,756.40		41.71	.094		359.78		3.91
OUTPATIENTS	904	4,299	290,090.46		67.48	2.917		320.90		196.80
MEDICAL SUPPLIES	92	312	10,671.03		34.20	.212		115.99		7.24
@DENTIST	62		\$	\$	89.29	.103	\$	218.90	\$	9.21
VISITS - DIAGNOSTIC	33	72	1,146.00		15.92	.049		34.73		.78
ORAL SURGERY	6	16	694.00		43.38	.011		115.67		.47

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.001	200.00	.27
ENDODONTICS	7	9	1,870.00	207.78	.006	267.14	1.27
RESTORATIVE DENTISTRY	14	22	3,257.00	148.05	.015	232.64	2.21
PROSTHETICS	1	2	30.00	15.00	.001	30.00	.02
DENTURES, STAYPLATES	19	29	6,175.00	212.93	.020	325.00	4.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DE	C 2002	PAGE 15,882
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

IRINIII COUNII	SUMMARI OF SER	VICES FOR PUBLIC	ASSI,	SIANCE - AGED			M			CE	
1 474 BLIGIBLES	Hanna	IDITED OF GEDIATO	_		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				COST PER	UL	COOR DED
1,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST R UNIT/DAY		-	USER		COST PER ELIGIBLE
CODMONEMDICA	18			1 226 56		25.55	.033		0SER 68.14	<u>~</u>	
@OPTOMETRIST	10	48 10	\$	1,226.56 435.06	\$			Þ	43.51	Þ	.83 .30
DIAGNOSTIC AND ANC. PROCED						43.51	.007				
EYE APPLIANCES	12 4	34		672.85		19.79	.023		56.07		.46
OTHER OPTOMETRIC SERVICES	4	4	Ċ	118.65	Ċ	29.66	.003	Ċ	29.66	<u>_</u>	.08
@CHIROPRACTOR	0	•	\$.00	\$.00	.000	۶	.00	\$.00
VISITS	U	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000	_	.00		.00
@PODIATRIST	4	4	\$	30.79	\$	7.70	.003	\$	7.70	\$.02
MEDICINE/INJECTIONS	Ü	U		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		30.79		7.70	.003		7.70		.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	85	380	\$	26,386.16	\$	69.44	.258	\$	310.43	\$	17.90
HOSP INPATIENT TOTAL	31	130		19,073.23		146.72	.088		615.27		12.94
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	31	130		19,073.23		146.72	.088		615.27		12.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	250		7,312.93		29.25	.170		130.59		4.96
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPING	56	250		7,312.93		29.25	.170		130.59		4.96
@COUNTY HOSPITAL TOTAL	39	155	\$	9,380.71	\$	60.52	.105	\$	240.53	\$	6.36
CO HOSPITAL INPATIENT TOTAL	10	66	•	7,331.41		111.08	.045		733.14		4.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	66	7,331.41	111.08	.045	733.14	4.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	30	89	2,049.30	23.03	.060	68.31	1.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	30	89	2,049.30	23.03	.060	68.31	1.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 15,883
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIST	TANCE - AGED				
					MON'	THLY AVERA	GE
1,474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	GE COST PER
		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	OR DAYS OF CARE 225 \$	17,005.45	PER UNIT/DAY \$ 75.58	UNITS/DAYS PER ELIG .153 \$	COST PER USER 347.05	COST PER ELIGIBLE \$ 11.54
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	49 21	OR DAYS OF CARE	17,005.45 11,741.82	PER UNIT/DAY \$ 75.58 183.47	UNITS/DAYS PER ELIG .153 \$.043	COST PER USER 347.05 559.13	COST PER ELIGIBLE \$ 11.54 7.97
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	49	OR DAYS OF CARE 225 \$	17,005.45 11,741.82	PER UNIT/DAY \$ 75.58 183.47 .00	UNITS/DAYS PER ELIG .153 \$.043 .000	COST PER USER 347.05 559.13 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	49 21	OR DAYS OF CARE 225 \$	17,005.45 11,741.82 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00	PUNITS/DAYS PER ELIG .153 \$.043 .000 .000	COST PER USER 347.05 559.13 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	49 21	OR DAYS OF CARE 225 \$	17,005.45 11,741.82 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00	PUNITS/DAYS PER ELIG .153 \$.043 .000 .000	COST PER USER 347.05 559.13 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	49 21	OR DAYS OF CARE 225 \$	17,005.45 11,741.82 .00 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00	PER ELIG .153 \$.043 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	49 21	OR DAYS OF CARE 225 \$	17,005.45 11,741.82 .00 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00 .00 .00	PER ELIG .153 \$.043 .000 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	49 21	OR DAYS OF CARE 225 \$	17,005.45 11,741.82 .00 .00 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00 .00 .00 .00	PER ELIG .153 \$.043 .000 .000 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	49 21 0 0 0 0 0 0	OR DAYS OF CARE 225 \$ 64 0 0 0 0 0 0 0 0	17,005.45 11,741.82 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .153 \$.043 .000 .000 .000 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	49 21	OR DAYS OF CARE 225 \$ 64 0 0 0 0 0 0 0 0 64	17,005.45 11,741.82 .00 .00 .00 .00 .00 .00 .00 .00 .11,741.82	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00 .00 .00 .00 .00 .00 .00 .183.47	PER ELIG .153 \$.043 .000 .000 .000 .000 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	49 21 0 0 0 0 0 0	OR DAYS OF CARE 225 \$ 64 0 0 0 0 0 0 0 0	17,005.45 11,741.82 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 75.58 183.47 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .153 \$.043 .000 .000 .000 .000 .000 .000	COST PER USER 347.05 559.13 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 11.54 7.97 .00 .00 .00 .00 .00

MEDICAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ROOM USE CROSSOVERS/ALL OTH OUTFINT 29 161 5,263.63 32.69 109 181.50 3.57 6STATE HOSPITAL 0 0 0 0 5,000 5,000 000 5,000 000 000 0
CROSSOVERS/ALL OTH OUTPINT 29
STATE HOSPITAL 0
MENTALLY ILL 0 0 0 .00<
DEVELOP. DISABLED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@NURSING FACILITY 52 1,040 \$ 249,993.35 \$ 240.38 .706 \$ 4807.56 \$ 169.60 LEV A-INTERMEDIATE 0 0 .00 <td< td=""></td<>
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LEV B-REHAB MD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LEV B-SUBACUTE FREESTANDING 0 0 .00
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00
LEV B-REGULAR 52 1,040 249,993.35 240.38 .706 4807.56 169.60 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .00 .00 \$.00 ICF DDH 0 0 .00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00
ICF DDH 0 0 .00 .
ICF DD 0 0 .0
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 .00 \$.00 HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$.00 .00 \$.00 HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 .
HOSPITAL BASED 0 0 .00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 .00 \$.00 \$.00 <t< td=""></t<>
HOSPITAL BASED 0 0 .00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00
@LABORATORY FACILITY 13 23 \$ 110.52 \$ 4.81 .016 \$ 8.50 \$.07
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
XO AND OTHERS 13 23 110.52 4.81 .016 8.50 .07
@ORGANIZED OUTPATIENT CLINIC 144 226 \$ 11,223.61 \$ 49.66 .153 \$ 77.94 \$ 7.61
CLINIC 0 0 .00 .00 .00 .00 .00 .00
SURGICENTER 5 7 1,588.56 226.94 .005 317.71 1.08
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 139 219 9,635.05 44.00 .149 69.32 6.54
RURAL HEALTH CLINIC 139 219 9,635.05 44.00 .149 69.32 6.54 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,884
RURAL HEALTH CLINIC 139 219 9,635.05 44.00 .149 69.32 6.54

1,474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 309 10,956 \$ 34,982.32 \$ 3.19 7.433 \$ 113.21 \$ 23.73 DURABLE MED. EQUIP. 13 30 7,790.00 259.67 .020 599.23 5.28 BLOOD BANK Ω Ω .00 .00 .000 .00 .00 3,008.61 HEARING AID DISPENSERS 13 21 143.27 .014 231.43 2.04 50 997 5.16 .676 102.80 MEDICAL TRANSPORTATION 5,140.13 3.49 1 1 107.16 107.16 .001 107.16 AMBULANCES/AIR TRANS .07 10 99 4.77 47.22 OTHER TRANS 472.16 .067 .32 OTHER SERVICES 42 897 4,560.81 5.08 .609 108.59 3.09 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 GENETIC DISEASE TESTING 0 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 20 41 OPTICIAN 524.61 12.80 .028 26.23 .36 PHYSICAL THERAPIST .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	264.90	44.15	.004	88.30	.18
PROSTHETICS	3	6	264.90	44.15	.004	88.30	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	246	9,861	18,254.07	1.85	6.690	74.20	12.38
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.005	\$ 489.30	\$.66
@XOVER EXCLUDING STATE HOSP**	523	2,916	\$ 91,142.11	\$ 31.26	1.978	\$ 174.27	\$ 61.83

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

IKINIII COONII	SUMMARI OF SER	VICES FOR FUBLIC F	400T	STANCE - BLIND		Mo		ע מיינע ע זיי	CE	
164 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			OST PER	-	OST PER
104 ELIGIBLES	CALCO			EXPENDITURES	PER UNIT/DAY		5 (
	111	OR DAYS OF CARE	÷	F7 007 01			ċ	USER		LIGIBLE 348.09
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	114 30	2 , 157 65	\$ \$	57,087.21 2,284.31	\$ 26.47 \$ 35.14	13.152 .396		500.77 76.14	۶ \$	13.93
-	10	14	Ą	518.79	37.06	.085	Ą	51.88	Ą	3.16
OUTPATIENT VISITS	9	13		450.44						
OFFICE VISITS	9	13			34.65	.079		50.05		2.75
HOME VISITS	0	U		.00	.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35	68.35	.006		68.35		.42
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	U	U		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	1	3		148.80	49.60	.018		148.80		.91
HOSPITAL VISITS	1	3		148.80	49.60	.018		148.80		.91
CRITICAL CARE	0	Ü		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		94.94	47.47	.012		47.47		.58
EXAMINATIONS	2	2		94.94	47.47	.012		47.47		.58
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	2	2		485.48	242.74	.012		242.74		2.96
PRINCIPAL SURGEON	2	2		485.48	242.74	.012		242.74		2.96
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	1	1		12.78	12.78	.006		12.78		.08
RADIOLOGY	6	6		64.87	10.81	.037		10.81		.40
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	19	37		958.65	25.91	.226		50.46		5.85
@PHARMACY	96	1,252	\$	22,206.19	\$ 17.74	7.634	\$	231.31	\$	135.40
PRESCRIPTION DRUGS	91	331		18,672.46	56.41	2.018		205.19		113.86

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00		.00	.00	C	.00	.00
OUTPATIENTS	91	331		18,672.46		56.41	2.01	3	205.19	113.86
MEDICAL SUPPLIES	18	921		3,533.73		3.84	5.61	6	196.32	21.55
@DENTIST	7	36	\$	1,127.00	\$	31.31	.22) \$	161.00	\$ 6.87
VISITS - DIAGNOSTIC	5	17		202.00		11.88	.10	4	40.40	1.23
ORAL SURGERY	0	0		.00		.00	.00	С	.00	.00
DRUGS	0	0		.00		.00	.00	С	.00	.00
ANESTHESIA	0	0		.00		.00	.00	С	.00	.00
PERIODONTICS	0	0		.00		.00	.00	С	.00	.00
ENDODONTICS	1	1		215.00		215.00	.00	6	215.00	1.31
RESTORATIVE DENTISTRY	2	6		307.00		51.17	.03	7	153.50	1.87
PROSTHETICS	0	0		.00		.00	.00	С	.00	.00
DENTURES, STAYPLATES	1	12		403.00		33.58	.07	3	403.00	2.46
SPACE MAINTAINERS	0	0		.00		.00	.00	C	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00	С	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00	С	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00	С	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.00	C	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2002 THR	J DEC	2002	PAGE 15,886
MOP024	FEE-FOR-SERVICE/DENT.	AL								01/17/03
TRANSPORTER CONTRACT			~ ~ - ~							

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

IRINIII COONII	SUMMAKI OF SEK	VICES FOR	FUBLIC	ASSI	STANCE - BLIND			M	∩ип	HLY AVERA	CF	
164 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ17	ERAGE COST			COST PER	-	COST PER
	ODLIND		OF CARE		EXILIDITION		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	OIC DIIID	9	\$	321.06	\$	35.67	.055		107.02		1.96
DIAGNOSTIC AND ANC. PROCED	2		2	Ψ	94.90	۲	47.45	.012	Ψ	47.45	Ψ	.58
EYE APPLIANCES	3		7		226.16		32.31	.043		75.39		1.38
OTHER OPTOMETRIC SERVICES	0		Ô		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		0	Ψ	.00	т	.00	.000	т	.00	т	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	6.29	\$	6.29	.006	Ś	6.29	Ś	.04
MEDICINE/INJECTIONS	0		0		.00	'	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		6.29		6.29	.006		6.29		.04
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3		4	\$	85.80	\$	21.45	.024	\$	28.60	\$.52
@TOTAL HOSPITAL	26		253	\$	11,190.72	\$	44.23	1.543	\$	430.41	\$	68.24
HOSP INPATIENT TOTAL	2		13		6,855.92		527.38	.079		3427.96		41.80
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		3		6,835.92		2278.64	.018		6835.92		41.68
ACCOMMODATIONS	1		3		1,687.50		562.50	.018		1687.50		10.29
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		3		1,687.50		562.50	.018		1687.50		10.29
ANCILLARIES	1		0		5,148.42		.00	.000		5148.42		31.39
INPATIENT CROSSOVERS	1		10		20.00		2.00	.061		20.00		.12
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	25		240		4,334.80		18.06	1.463		173.39		26.43
MEDICAL	18		28		1,429.10		51.04	.171		79.39		8.71
SURGERY	1		1		105.42		105.42	.006		105.42		.64
PATHOLOGY	11		49		491.91		10.04	.299		44.72		3.00

RADIOLOGY	5	5	161.35	32.27	.030	32.27	.98
ROOM USE	14	31	1,037.44	33.47	.189	74.10	6.33
CROSSOVERS/ALL OTH OUTPINT	8	126	1,109.58	8.81	.768	138.70	6.77
@COUNTY HOSPITAL TOTAL	14	104	\$ 9,312.11	\$ 89.54	.634	\$ 665.15	\$ 56.78
CO HOSPITAL INPATIENT TOTAL	1	3	6,835.92	2278.64	.018	6835.92	41.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	6,835.92	2278.64	.018	6835.92	41.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.018	1687.50	10.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.018	1687.50	10.29
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	31.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	101	2,476.19	24.52	.616	176.87	15.10
MEDICAL	13	18	1,084.06	60.23	.110	83.39	6.61
SURGERY	1	1	105.42	105.42	.006	105.42	.64
PATHOLOGY	9	44	422.16	9.59	.268	46.91	2.57
RADIOLOGY	4	4	132.66	33.17	.024	33.17	.81
ROOM USE	6	7	389.34	55.62	.043	64.89	2.37
CROSSOVERS/ALL OTH OUTPINT	5	27	342.55	12.69	.165	68.51	2.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 15,887
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
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----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

164 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	149	\$	1,878.61	\$ 12.61	.909	\$ 144.51	\$ 11.45
COMM HOSP INPATIENT TOTAL	1	10		20.00	2.00	.061	20.00	.12
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	10		20.00	2.00	.061	20.00	.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	139		1,858.61	13.37	.848	154.88	11.33
MEDICAL	5	10		345.04	34.50	.061	69.01	2.10
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		69.75	13.95	.030	34.88	.43
RADIOLOGY	1	1		28.69	28.69	.006	28.69	.17
ROOM USE	9	24		648.10	27.00	.146	72.01	3.95
CROSSOVERS/ALL OTH OUTPTNT	3	99		767.03	7.75	.604	255.68	4.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	2,574.00	\$.00	.000	\$ 2574.00	\$ 15.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		2,574.00	.00	.000	2574.00	15.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	42.38	\$ 2	1.19	.012	\$	42.38	\$.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	2		42.38	2	1.19	.012		42.38		.26
@LABORATORY FACILITY	9	28	\$	545.33	\$ 1	9.48	.171	\$	60.59	\$	3.33
PATHOLOGY	9	28		545.33	1	9.48	.171		60.59		3.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	1,566.47	\$ 9	2.15	.104	\$	142.41	\$	9.55
CLINIC	2	4		57.95	1	4.49	.024		28.98		.35
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		1,508.52	11	6.04	.079		167.61		9.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT FO	R JAN	2002 THRU	DEC	2002	P.	AGE 15,888
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSI	STANCE - BLIND							
							M	TNC	HLY AVERA	GE ·	
164 ELIGIBLES	USERS UNITS OF	F SERVICE	1	EXPENDITURES	AVERAG	E COST	UNITS/DAY	S	COST PER	(COST PER
	OR DAYS	OF CARE	1		PER UN	IT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@ALL OTHER PROVIDERS	29	490	\$	15,137.66	\$ 3	0.89	2.988	\$	521.99	\$	92.30
DURABLE MED. EQUIP.	3	67		8,988.55	13	4.16	.409		2996.18		54.81
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	12		1,796.39	14	9.70	.073		299.40		10.95
MEDICAL TRANSPORTATION	5	221		1,999.52		9.05	1.348		399.90		12.19
AMBULANCES/AIR TRANS	4	105		900.42		8.58	.640		225.11		5.49
OTHER TRANS	1	116		1,099.10		9.48	.707		1099.10		6.70
OTHER SERVICES	0	0		.00		.00	.000		.00		.00

.00

.000

.00

.00

.00

0

0

ACUPUNCTURE

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	2	6	47.60	7.93	.037		23.80	.29
PHYSICAL THERAPIST	6	25	350.93	14.04	.152		58.49	2.14
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	4	8	264.97	33.12	.049		66.24	1.62
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	3	118	1,476.68	12.51	.720	4	192.23	9.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	3	33	213.02	6.46	.201		71.01	1.30
@CALIF. CHILDREN SERVICES*	9	47	\$ 8,686.43	\$ 184.82	.287	\$ 9	965.16	\$ 52.97
@XOVER EXCLUDING STATE HOSP**	19	161	\$ 4,111.92	\$ 25.54	.982	\$ 2	216.42	\$ 25.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,889 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MON	THLY AVERA	GE
6,723 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	ITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,234	90,392 \$	4,053,2	226.01	\$ 44.84	13.445 \$	774.40	\$ 602.89
@PHYSICIANS SERVICES	1,757	6 , 560 \$	267,0	006.92	\$ 40.70	.976 \$	151.97	\$ 39.72
OUTPATIENT VISITS	873	1,421	51,9	998.94	36.59	.211	59.56	7.73
OFFICE VISITS	767	1,184	39,2	281.75	33.18	.176	51.21	5.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	123	154	8,9	982.00	58.32	.023	73.02	1.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	16	52		314.11	44.50	.008	144.63	.34
OTHER OUTPATIENT	22	31	•	421.08	45.84	.005	64.59	.21
INPATIENT VISITS	116	453	•	595.47	52.09	.067	203.41	3.51
HOSPITAL VISITS	105	408	•	852.09	46.21	.061	179.54	2.80
CRITICAL CARE	15	37		498.38	121.58	.006	299.89	.67
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00	.04
OPHTHALMOLOGICAL SERVICES	30	33		519.53	46.05	.005	50.65	.23
EXAMINATIONS	30	32		484.24	46.38	.005	49.47	.22
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	47	281	•	615.06	116.07	.042	693.94	4.85
PRINCIPAL SURGEON	35	54	•	723.87	476.37	.008	734.97	3.83
ASSISTANT SURGEON	12	15		544.18	169.61	.002	212.02	.38
ANESTHESIOLOGIST	14	212		347.01	20.50	.032	310.50	.65
OUTPATIENT SURGERY	150	318	•	327.76	117.38	.047	248.85	5.55
PRINCIPAL SURGEON	137	200	•	127.38	170.64	.030	249.10	5.08
ASSISTANT SURGEON	2	2		236.42	118.21	.000	118.21	.04
ANESTHESIOLOGIST	21	116		963.96	25.55	.017	141.14	.44
DIALYSIS	10	58	•	308.64	91.53	.009	530.86	.79
PATHOLOGY	137	245	2,6	608.98	10.65	.036	19.04	.39

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	499	923	46,616.44	50.	.137	93.42		6.93
PSYCHIATRY	0	0	.00		.000	.00		.00
IMMUNIZATION AND INJECTION	59	597	7,523.52	12.	.089	127.52		1.12
OTHER SERVICES/ALL X-OVERS	775	2,231	57,892.58	25.	95 .332	74.70		8.61
@PHARMACY	4,469	27,566	1,753,065.58	\$ 63.	4.100	\$ 392.27	\$	260.76
PRESCRIPTION DRUGS	4,440	20 , 175	1,702,190.83	84.	3.001	383.38		253.19
SNF/ICF	37	269	24,126.20	89.	.040	652.06		3.59
OUTPATIENTS	4,405	19,906	1,678,064.63	84.	30 2.961	380.95		249.60
MEDICAL SUPPLIES	262	7,391	50,874.75	6.	38 1.099	194.18		7.57
@DENTIST	390	1,416 \$	77,349.80	\$ 54.	.211	\$ 198.33	\$	11.51
VISITS - DIAGNOSTIC	246	763	11,673.00	15.	.113	47.45		1.74
ORAL SURGERY	75	219	10,477.00	47.	.033	139.69		1.56
DRUGS	3	6	73.00	12.	.001	24.33		.01
ANESTHESIA	9	9	900.00	100.	.001	100.00		.13
PERIODONTICS	11	12	2,200.00	183.	.002	200.00		.33
ENDODONTICS	17	26	6,139.00	236.	.004	361.12		.91
RESTORATIVE DENTISTRY	114	248	24,821.00					3.69
PROSTHETICS	3	4	90.00	22.	.001	30.00		.01
DENTURES, STAYPLATES	56	127	20,879.00	164.	.019	372.84		3.11
SPACE MAINTAINERS	0	0	.00		.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00		.00
ALL OTHER SERVICES	2	2	97.80	48.	.000	48.90		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	S MONTH-OF-PAYMENT 1	REPORT FOR	JAN 2002 THRU	DEC 2002	P7	AGE 15,890

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

							M	ONT	HLY AVERA	.GE	
6,723 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	163	482	\$	11,302.13	\$	23.45	.072	\$	69.34	\$	1.68
DIAGNOSTIC AND ANC. PROCED	110	109		4,954.94		45.46	.016		45.04		.74
EYE APPLIANCES	127	357		6,030.17		16.89	.053		47.48		.90
OTHER OPTOMETRIC SERVICES	10	16		317.02		19.81	.002		31.70		.05
@CHIROPRACTOR	29	43	\$	718.96	\$	16.72	.006	\$	24.79	\$.11
VISITS	28	39		652.08		16.72	.006		23.29		.10
OTHER SERVICES	1	4		66.88		16.72	.001		66.88		.01
@PODIATRIST	12	17	\$	725.64	\$	42.68	.003	\$	60.47	\$.11
MEDICINE/INJECTIONS	8	8		239.60		29.95	.001		29.95		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	9		486.04		54.00	.001		81.01		.07
@HOME HEALTH AGENCY	27	216	\$	14,497.06	\$	67.12	.032	\$	536.93	\$	2.16
NURSE ANESTHESIST	3	23	\$	357.71	\$	15.55	.003	\$	119.24	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	₹ 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	71.80	\$	35.90	.000	\$	35.90	\$.01
@TOTAL HOSPITAL	1,250	7,314	\$	1,447,242.63	\$	197.87	1.088	\$	1157.79	\$	215.27
HOSP INPATIENT TOTAL	127	667		1,253,412.78		1879.18	.099		9869.39		186.44
HSC HOSPITALS	2	11		15,185.00		1380.45	.002		7592.50		2.26
NON-HSC HOSPITAL TOTAL	88	508		1,211,865.56		2385.56	.076		13771.20		180.26
ACCOMMODATIONS	87	508		246,009.55		484.27	.076		2827.70		36.59
ADMINISTRATIVE DAYS	0	0		34.60CF	R	.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87	508		246,044.15		484.34	.076		2828.09		36.60
ANCILLARIES	88	0		965 , 856.01		.00	.000		10975.64		143.66

ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 1,176 6,647 193,829.85 29.16 .989 164.82 28.83 MEDICAL 422 808 38,997.67 48.26 .120 92.41 5.80 SURGERY 151 196 10,181.44 51.95 .029 67.43 1.51 PATHOLOGY 576 2,440 29,508.52 12.09 .363 51.23 4.39 RADIOLOGY 340 550 42,575.21 77.41 082 125.22 6.33	6,647 193,829.85 29.16 .989 164.82 28.83 808 38,997.67 48.26 .120 92.41 5.80 196 10,181.44 51.95 .029 67.43 1.51 2,440 29,508.52 12.09 .363 51.23 4.39 550 42,575.21 77.41 .082 125.22 6.33 703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	6,647	1,176	
MEDICAL 422 808 38,997.67 48.26 .120 92.41 5.80 SURGERY 151 196 10,181.44 51.95 .029 67.43 1.51 PATHOLOGY 576 2,440 29,508.52 12.09 .363 51.23 4.39	808 38,997.67 48.26 .120 92.41 5.80 196 10,181.44 51.95 .029 67.43 1.51 2,440 29,508.52 12.09 .363 51.23 4.39 550 42,575.21 77.41 .082 125.22 6.33 703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	•	•	HOSP OUTPATIENT TOTAL
SURGERY 151 196 10,181.44 51.95 .029 67.43 1.51 PATHOLOGY 576 2,440 29,508.52 12.09 .363 51.23 4.39	196 10,181.44 51.95 .029 67.43 1.51 2,440 29,508.52 12.09 .363 51.23 4.39 550 42,575.21 77.41 .082 125.22 6.33 703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	808	422	
PATHOLOGY 576 2,440 29,508.52 12.09 .363 51.23 4.39	2,440 29,508.52 12.09 .363 51.23 4.39 550 42,575.21 77.41 .082 125.22 6.33 703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49		122	MEDICAL
· · · · · · · · · · · · · · · · · · ·	550 42,575.21 77.41 .082 125.22 6.33 703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	196	151	SURGERY
PADTOLOGY 340 550 42 575 21 77 41 082 125 22 6 33	703 35,148.12 50.00 .105 81.74 5.23 1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	2,440	576	PATHOLOGY
1AD10H001 340 350 42,575.21 77.41 .002 125.22 0.33	1,950 37,418.89 19.19 .290 73.37 5.57 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	550	340	RADIOLOGY
ROOM USE 430 703 35,148.12 50.00 .105 81.74 5.23	4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	703	430	ROOM USE
CROSSOVERS/ALL OTH OUTPINT 510 1,950 37,418.89 19.19 .290 73.37 5.57		1,950	510	CROSSOVERS/ALL OTH OUTPINT
@COUNTY HOSPITAL TOTAL 819 4,148 \$ 413,420.39 \$ 99.67 .617 \$ 504.79 \$ 61.49	182 297 469 15 1634 45 027 5218 76 44 25	4,148	819	@COUNTY HOSPITAL TOTAL
CO HOSPITAL INPATIENT TOTAL 57 182 297,469.15 1634.45 .027 5218.76 44.25	102 257, 105.10 1054.45 .027 5210.70 44.25	182	57	CO HOSPITAL INPATIENT TOTAL
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00	0 .00 .00 .00 .00	0	0	HSC HOSPITALS
NON-HSC HOSPITALS TOTAL 42 138 286,251.50 2074.29 .021 6815.51 42.58	138 286,251.50 2074.29 .021 6815.51 42.58	138	42	NON-HSC HOSPITALS TOTAL
ACCOMMODATIONS 42 138 72,586.50 525.99 .021 1728.25 10.80	138 72,586.50 525.99 .021 1728.25 10.80	138	42	ACCOMMODATIONS
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00	0 .00 .00 .00 .00	0	0	ADMINISTRATIVE DAYS
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00	0 .00 .00 .00 .00	0	0	TRANSITIONAL IP CARE
ALL OTHER ACCOM 42 138 72,586.50 525.99 .021 1728.25 10.80	138 72,586.50 525.99 .021 1728.25 10.80	138		ALL OTHER ACCOM
ANCILLARIES 42 0 213,665.00 .00 .000 5087.26 31.78	0 213,665.00 .00 .000 5087.26 31.78	0		ANCILLARIES
INPATIENT CROSSOVERS 15 44 11,217.65 254.95 .007 747.84 1.67	44 11,217.65 254.95 .007 747.84 1.67	44	15	INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	0 .00 .00 .00 .00	0	0	ALL OTHER INPATIENT
CO HOSP OUTPATIENT TOTAL 789 3,966 115,951.24 29.24 .590 146.96 17.25	3,966 115,951.24 29.24 .590 146.96 17.25	3 , 966	789	CO HOSP OUTPATIENT TOTAL
MEDICAL 330 632 31,096.56 49.20 .094 94.23 4.63	632 31,096.56 49.20 .094 94.23 4.63	632	330	MEDICAL
SURGERY 103 145 8,042.71 55.47 .022 78.08 1.20	145 8,042.71 55.47 .022 78.08 1.20	145	103	SURGERY
PATHOLOGY 427 1,633 19,736.63 12.09 .243 46.22 2.94	1,633 19,736.63 12.09 .243 46.22 2.94	1,633	427	PATHOLOGY
RADIOLOGY 223 297 23,569.96 79.36 .044 105.69 3.51	297 23,569.96 79.36 .044 105.69 3.51	297	223	RADIOLOGY
ROOM USE 276 437 22,075.04 50.51 .065 79.98 3.28	437 22,075.04 50.51 .065 79.98 3.28	437	276	ROOM USE
CROSSOVERS/ALL OTH OUTPINT 272 822 11,430.34 13.91 .122 42.02 1.70	822 11,430.34 13.91 .122 42.02 1.70	822	272	CROSSOVERS/ALL OTH OUTPINT
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,89	S AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,891	ND EXPENDITU	MEDI-CAL SERVICES	#CALIF DEPT OF HEALTH SERV
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/0	DENTAL 01/17/03	AL	FEE-FOR-SERVICE/DE	MOP024

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
523	3 , 166	\$	1,033,822.24	\$ 326.54	.471	\$ 1976.72	\$	153.77
76	485		955 , 943.63	1971.02	.072	12578.21		142.19
2	11		15,185.00	1380.45	.002	7592.50		2.26
52	370		925,614.06	2501.66	.055	17800.27		137.68
51	370		173,423.05	468.71	.055	3400.45		25.80
0	0		34.60CR	.00	.000	.00		.01CR
0	0		.00	.00	.000	.00		.00
51	370		173,457.65	468.80	.055	3401.13		25.80
52	0		752,191.01	.00	.000	14465.21		111.88
22	104		15,144.57	145.62	.015	688.39		2.25
0	0		.00	.00	.000	.00		.00
466	2,681		77,878.61	29.05	.399	167.12		11.58
116	176		7,901.11	44.89	.026	68.11		1.18
49	51		2,138.73	41.94	.008	43.65		.32
166	807		9,771.89	12.11	.120	58.87		1.45
129	253		19,005.25	75.12	.038	147.33		2.83
188	266		13,073.08	49.15	.040	69.54		1.94
260	1,128		25 , 988.55	23.04	.168	99.96		3.87
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
10	123	\$	21,926.07	\$ 178.26	.018	\$ 2192.61	\$	3.26
0	0		.00	.00	.000	.00		.00
	523 76 2 52 51 0 0 51 52 22 0 466 116 49 166 129 188 260 0	OR DAYS OF CARE 523	OR DAYS OF CARE 523	OR DAYS OF CARE 523	OR DAYS OF CARE PER UNIT/DAY 523 3,166 \$ 1,033,822.24 \$ 326.54 76 485 955,943.63 1971.02 2 11 15,185.00 1380.45 52 370 925,614.06 2501.66 51 370 173,423.05 468.71 0 0 .00 .00 51 370 173,457.65 468.80 52 0 752,191.01 .00 52 0 752,191.01 .00 22 104 15,144.57 145.62 0 0 .00 .00 466 2,681 77,878.61 29.05 116 176 7,901.11 44.89 49 51 2,138.73 41.94 166 807 9,771.89 12.11 129 253 19,005.25 75.12 188 266 13,073.08 49.15 260 1,128 25,988.55 23.	OR DAYS OF CARE PER UNIT/DAY PER ELIG 523 3,166 \$ 1,033,822.24 \$ 326.54 .471 3 76 485 955,943.63 1971.02 .072 2 2 11 15,185.00 1380.45 .002 .002 .005 .005 .005 .005 .005 .005 .005 .005 .005 .005 .006 .006 .006 .006 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 523 3,166 \$ 1,033,822.24 \$ 326.54 .471 \$ 1976.72 76 485 955,943.63 1971.02 .072 12578.21 2 11 15,185.00 1380.45 .002 7592.50 52 370 925,614.06 2501.66 .055 17800.27 51 370 173,423.05 468.71 .055 3400.45 0 0 34.60CR .00 .00 .00 0 0 .00 .00 .00 .00 51 370 173,457.65 468.80 .055 3401.13 52 0 752,191.01 .00 .000 .00 .00 122 104 15,144.57 145.62 .015 688.39 0 0 .00 .00 .00 .00 466 2,681 77,878.61 29.05 .399 167.12 11	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 523 3,166 \$ 1,033,822.24 \$ 326.54 .471 \$ 1976.72 \$ 76 485 955,943.63 1971.02 .072 12578.21 1 2 111 15,185.00 1380.45 .002 7592.50 7592.50 52 370 925,614.06 2501.66 .055 17800.27 1 17800.27 1 1 100 .00 <td< td=""></td<>

----- MONTHLY AVERAGE -----

LEV B-REHAB MD	1	31		3,748.83		120.93	.005		3748.83		.56
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	92		18,177.24		197.58	.014		2019.69		2.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	205	\$	26,570.73	\$	129.61	.030	\$	1062.83	\$	3.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	25	205		26,570.73		129.61	.030		1062.83		3.95
@REHABILITATION FACILITY	6	23	\$	476.01	\$	20.70	.003	\$	79.34	\$.07
HOSPITAL BASED	1	13		264.11		20.32	.002		264.11		.04
INDEPENDENT FACILITY	5	10		211.90		21.19	.001		42.38		.03
@LABORATORY FACILITY	418	2,040	\$	29,850.38	\$	14.63	.303	\$	71.41	\$	4.44
PATHOLOGY	401	2,017		29,697.17		14.72	.300		74.06		4.42
XO AND OTHERS	17	23		153.21		6.66	.003		9.01		.02
@ORGANIZED OUTPATIENT CLINIC	1,318	2,197	\$	187,684.84	\$	85.43	.327	\$	142.40	\$	27.92
CLINIC	10	23		497.06		21.61	.003		49.71		.07
SURGICENTER	12	49		4,463.83		91.10	.007		371.99		.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,300	2,125		182,723.95		85.99	.316		140.56		27.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 15,892
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MILLE AVEIG	GE
6,723 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	853	42,165 \$	214,379.75	\$ 5.08	6.272		•
DURABLE MED. EQUIP.	138	484	75 , 974.61	156.97	.072	550.54	11.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35	4,579.64	130.85	.005	183.19	.68
MEDICAL TRANSPORTATION	169	3,942	73,225.80	18.58	.586	433.29	10.89
AMBULANCES/AIR TRANS	118	2,828	40,904.84	14.46	.421	346.65	6.08
OTHER TRANS	2	224	384.99	1.72	.033	192.50	.06
OTHER SERVICES	60	890	31,935.97	35.88	.132	532.27	4.75
ACUPUNCTURE	2	2	43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	13	104	6 , 957.27	66.90	.015	535.17	1.03
GENETIC DISEASE TESTING	4	4	320.00	80.00	.001	80.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	4	59	6,464.26	109.56	.009	1616.07	.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	150	349	4,516.60	12.94	.052	30.11	.67
PHYSICAL THERAPIST	36	377	5,031.72	13.35	.056	139.77	.75
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	28	3,030.37	108.23	.004	159.49	.45
PROSTHETICS	11	17	2,677.67	157.51	.003	243.42	.40
ORTHOTICS	8	11	352.70	32.06	.002	44.09	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	22	1,609.50	73.16	.003	178.83	.24
HOSPICE SERVICES	1	3	623.73	207.91	.000	623.73	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	422	5,049.74	11.97	.063	144.28	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	337	36,334	26,953.26	.74	5.404	79.98	4.01
@CALIF. CHILDREN SERVICES*	47	1,196	\$ 91,934.26	\$ 76.87	.178 \$	1956.05 \$	13.67
@XOVER EXCLUDING STATE HOSP**	785	8,039	\$ 100,900.41	\$ 12.55	1.196 \$	128.54 \$	15.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,893 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

ININIII COONII	DOMESTIC OF SERV	VICES FOR FODDIC AS	OIDIA	NCD LWHITPID					
						MOI	NTHLY AVERA	ωGE	
7,266 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3 , 555	23,296 \$		1,000,320.99	\$ 42.94	3.206	\$ 281.38	\$	137.67
@PHYSICIANS SERVICES	1,034	2,042 \$		96,472.97	\$ 47.24	.281	\$ 93.30	\$	13.28
OUTPATIENT VISITS	736	1,002		38,876.04	38.80	.138	52.82		5.35
OFFICE VISITS	658	854		31,949.19	37.41	.118	48.56		4.40
HOME VISITS	1	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	49	51		2,453.67	48.11	.007	50.07		.34
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39		.01
OB VISITS/COMPRE PERI	27	78		3,769.99	48.33	.011	139.63		.52
OTHER OUTPATIENT	16	18		665.80	36.99	.002	41.61		.09
INPATIENT VISITS	36	101		5,650.27	55.94	.014	156.95		.78
HOSPITAL VISITS	36	95		4,978.70	52.41	.013	138.30		.69
CRITICAL CARE	2	6		671.57	111.93	.001	335.79		.09
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	22	28		1,207.10	43.11	.004	54.87		.17
EXAMINATIONS	22	28		1,207.10	43.11	.004	54.87		.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	37	132		17,616.99	133.46	.018	476.13		2.42
PRINCIPAL SURGEON	26	30		13,994.76	466.49	.004	538.26		1.93
ASSISTANT SURGEON	4	4		708.91	177.23	.001	177.23		.10
ANESTHESIOLOGIST	11	98		2,913.32	29.73	.013	264.85		.40

OUTPATIENT SURGERY	51	96		10,625.14		110.68	.013		208.34		1.46
PRINCIPAL SURGEON	48	55		9,732.50		176.95	.008		202.76		1.34
ASSISTANT SURGEON	1	1		93.08		93.08	.000		93.08		.01
ANESTHESIOLOGIST	6	40		799.56		19.99	.006		133.26		.11
DIALYSIS	1	1		54.12		54.12	.000		54.12		.01
PATHOLOGY	96	109		888.33		8.15	.015		9.25		.12
RADIOLOGY	279	378		13,405.93		35.47	.052		48.05		1.85
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	20	28		743.97		26.57	.004		37.20		.10
OTHER SERVICES/ALL X-OVERS	83	167		7,405.08		44.34	.023		89.22		1.02
@PHARMACY	1,849	4,562	\$	260,447.29	\$	57.09	.628	\$	140.86	\$	35.84
PRESCRIPTION DRUGS	1,839	4,436		254,186.10		57.30	.611		138.22		34.98
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,839	4,436		254,186.10		57.30	.611		138.22		34.98
MEDICAL SUPPLIES	41	126		6,261.19		49.69	.017		152.71		.86
@DENTIST	381	1,380	\$	51,571.05	\$	37.37	.190	\$	135.36	\$	7.10
VISITS - DIAGNOSTIC	284	859		15,664.25		18.24	.118		55.16		2.16
ORAL SURGERY	41	105		5,185.00		49.38	.014		126.46		.71
DRUGS	2	4		45.00		11.25	.001		22.50		.01
ANESTHESIA	5	5		500.00		100.00	.001		100.00		.07
PERIODONTICS	5	5		710.00		142.00	.001		142.00		.10
ENDODONTICS	24	56		7,985.00		142.59	.008		332.71		1.10
RESTORATIVE DENTISTRY	126	301		18,694.80		62.11	.041		148.37		2.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	36		1,943.00		53.97	.005		277.57		.27
SPACE MAINTAINERS	2	4		444.00		111.00	.001		222.00		.06
MAXILLOFACIAL SERVICES	1	1		300.00		300.00	.000		300.00		.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		100.00		50.00	.000		50.00		.01
ALL OTHER SERVICES	1	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DE	C 2002	P	AGE 15,894
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 7,266 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 376 23.57 .052 \$ 68.17 \$ 1.22 8,862.34 DIAGNOSTIC AND ANC. PROCED 101 102 4,715.15 46.23 .014 46.68 .65 EYE APPLIANCES 97 272 4,069.99 14.96 .037 41.96 .56 38.60 38.60 OTHER OPTOMETRIC SERVICES 2 77.20 .000 .01 @CHIROPRACTOR 10 167.20 16.72 .001 \$ 23.89 \$.02 VISITS 10 167.20 16.72 .001 23.89 .02 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST Ω .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 209.98 52.50 .001 \$ 104.99 \$.03 .00 .000 \$.00 .00 NURSE ANESTHESIST .00 NURSE MIDWIFE 144.24 72.12 .000 \$ 144.24 .02 .00 .000 \$.00 .00 .00 PEDIATRIC NURSE PRACTITIONER 52.36 52.36 26.18 .000 \$.01 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 1,013 4,118 350,946.85 85.22 .567 \$ 346.44 \$ 48.30 HOSP INPATIENT TOTAL 41 131 229,949.39 1755.34 .018 5608.52 31.65 HSC HOSPITALS 23 34,817.00 1513.78 .003 6963.40 4.79

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

TRINITY COUNTY

NON-HSC HOSPITAL TOTAL	36	108		195,132.39	1806.78	.015		5420.34		26.86
ACCOMMODATIONS	36	108		45,410.74	420.47	.015		1261.41		6.25
ADMINISTRATIVE DAYS	0	0		.00	.00			.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	36	108		45,410.74	420.47			1261.41		6.25
ANCILLARIES	36	0		149,721.65	.00			4158.93		20.61
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00			.00		.00
HOSP OUTPATIENT TOTAL	998	3 , 987		120,997.46	30.35	.549		121.24		16.65
MEDICAL	595	850		38,431.31	45.21	.117		64.59		5.29
SURGERY	127	170		8,755.49	51.50	.023		68.94		1.20
PATHOLOGY	412	1,354		15,716.66	11.61	.186		38.15		2.16
RADIOLOGY	237	290		17,459.13	60.20	.040		73.67		2.40
ROOM USE	487	640		28,287.59	44.20	.088		58.09		3.89
CROSSOVERS/ALL OTH OUTPINT	313	683		12,347.28	18.08			39.45		1.70
@COUNTY HOSPITAL TOTAL	808	2 , 963	\$	158,300.67	\$ 53.43	.408	\$	195.92	\$	21.79
CO HOSPITAL INPATIENT TOTAL	16	38		67,436.20	1774.64	.005		4214.76		9.28
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	16	38		67,436.20	1774.64	.005		4214.76		9.28
ACCOMMODATIONS	16	38		17,740.25	466.85	.005		1108.77		2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	16	38		17,740.25	466.85	.005		1108.77		2.44
ANCILLARIES	16	0		49,695.95	.00	.000		3106.00		6.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	803	2,925		90,864.47	31.06	.403		113.16		12.51
MEDICAL	527	743		33,196.18	44.68	.102		62.99		4.57
SURGERY	99	141		7,416.37	52.60	.019		74.91		1.02
PATHOLOGY	319	957		10,951.94	11.44					1.51
RADIOLOGY	188	226		11,016.53	48.75			58.60		1.52
ROOM USE	350	423		19,706.10	46.59			56.30		2.71
CROSSOVERS/ALL OTH OUTPINT	236	435		8 , 577.35	19.72	.060		36.34		1.18
			ES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU	DEC	2002	P	AGE 15,895
	FEE-FOR-SERVICE/DI									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC .	ASS:	ISTANCE - FAMILIES						
						M	INOI	HLY AVERA	GΕ	

7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242	1,155 \$	192,646.18	\$ 166.79	.159 \$	796.06	\$ 26.51
COMM HOSP INPATIENT TOTAL	25	93	162,513.19	1747.45	.013	6500.53	22.37
HSC HOSPITALS	5	23	34,817.00	1513.78	.003	6963.40	4.79
NON-HSC HOSPITALS TOTAL	20	70	127,696.19	1824.23	.010	6384.81	17.57
ACCOMMODATIONS	20	70	27,670.49	395.29	.010	1383.52	3.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	70	27,670.49	395.29	.010	1383.52	3.81
ANCILLARIES	20	0	100,025.70	.00	.000	5001.29	13.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	225	1,062	30,132.99	28.37	.146	133.92	4.15
MEDICAL	72	107	5,235.13	48.93	.015	72.71	.72
SURGERY	29	29	1,339.12	46.18	.004	46.18	.18
PATHOLOGY	103	397	4,764.72	12.00	.055	46.26	.66
RADIOLOGY	49	64	6,442.60	100.67	.009	131.48	.89
ROOM USE	144	217	8,581.49	39.55	.030	59.59	1.18

CROSSOVERS/ALL OTH OUTPINT	83	248		3,769.93		15.20	.034		45.42		.52
@STATE HOSPITAL	0	0	\$	13,400.00	Ś	.00	.000	Ś	.00	Ś	1.84
MENTALLY ILL	0	0	т	.00	т	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		13,400.00		.00	.000		.00		1.84
@NURSING FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	٧	.00	Ÿ	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00		Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	262	787	Ś	18,792.20	\$	23.88	.108	Ś	71.73	Ś	2.59
PATHOLOGY	262	787	Υ	18,792.20	۲	23.88	.108	٧	71.73	۲	2.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	911	1,522	\$	158,129.56	Ś	103.90	.209	Ś		Ś	21.76
CLINIC	50	199	Υ	5,509.45	۲	27.69	.027	٧	110.19	۲	.76
SURGICENTER	1	1		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	868	1,322		152,620.11		115.45	.182		175.83		21.00
#CALIF DEPT OF HEALTH SERV		•	RES N	MONTH-OF-PAYMENT RE	E.POR'			DEC		P	AGE 15,896
MOP024	FEE-FOR-SERVICE		1120 1						2002	-	01/17/03
TRINITY COUNTY			ASS	ISTANCE - FAMILIES							
							M	ONT	HLY AVERA	GE	
7,266 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST			COST PER	_	COST PER
,		OR DAYS OF CAR	E			R UNIT/DAY		-	USER		ELIGIBLE
Oli Omien profitnens	264	0 401		41 104 05					110 00		

7 OCC BLICIDIES	HGEDG	INITEC OF CEDITOR	EXPENDIBLEC	ATTEDACE COCH	TINITHO / DAVO	COOM DED	COCH DED
7,266 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	364	8,491	\$ 41,124.95	\$ 4.84	1.169	\$ 112.98	\$ 5.66
DURABLE MED. EQUIP.	6	7	384.63	54.95	.001	64.11	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	210.18	52.55	.001	105.09	.03
MEDICAL TRANSPORTATION	49	994	22,094.07	22.23	.137	450.90	3.04
AMBULANCES/AIR TRANS	47	989	13,094.07	13.24	.136	278.60	1.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	9,000.00	1800.00	.001	1800.00	1.24
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,067.00	76.21	.002	76.21	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.02
OPTICIAN	95	211	1,964.53	9.31	.029	20.68	.27
PHYSICAL THERAPIST	8	104	1,432.18	13.77	.014	179.02	.20
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	10	18	2,134.64	118.59	.002	213.46	.29
PROSTHETICS	6	15	2,040.34	136.02	.002	340.06	.28
ORTHOTICS	4	3	94.30	31.43	.000	23.58	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	17	809.21	47.60	.002	101.15	.11

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	173	713	8,512.50	11.94	.098	49.21	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	6,400	2,336.74	.37	.881	179.75	.32
@CALIF. CHILDREN SERVICES*	12	52	\$ 25,682.13	\$ 493.89	.007	\$ 2140.18	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,897
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

TRINITY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE									
						MO				
15,627 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			L	COST PER	
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE	
- •	10,011	134,306	\$	5,767,363.43	\$ 42.94	8.594				
@PHYSICIANS SERVICES	3,084	9,550	\$	378,450.22	\$ 39.63	.611				
OUTPATIENT VISITS	1,619	2,437		91,393.77	37.50	.156	56.45		5.85	
OFFICE VISITS	1,434	2,051		71,681.38	34.95	.131	49.99		4.59	
HOME VISITS	1	0		.00	.00	.000	.00		.00	
EMERGENCY ROOM	173	206		11,504.02	55.84	.013	66.50		.74	
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39		.00	
OB VISITS/COMPRE PERI	43	130		6,084.10	46.80	.008	141.49		.39	
OTHER OUTPATIENT	38	49		2,086.88	42.59	.003	54.92	-	.13	
INPATIENT VISITS	153	557		29,394.54	52.77	.036	192.12		1.88	
HOSPITAL VISITS	142	506		23,979.59	47.39	.032	168.87	!	1.53	
CRITICAL CARE	17	43		5,169.95	120.23	.003	304.11	-	.33	
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00	J	.02	
OPHTHALMOLOGICAL SERVICES	54	63		2,821.57	44.79	.004	52.25	j	.18	
EXAMINATIONS	54	62		2,786.28	44.94	.004	51.60)	.18	
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	j	.00	
INPATIENT HOSPITAL SURGERY	84	413		50,232.05	121.63	.026	598.00	J	3.21	
PRINCIPAL SURGEON	61	84		39,718.63	472.84	.005	651.13	\$	2.54	
ASSISTANT SURGEON	16	19		3,253.09	171.22	.001	203.32		.21	
ANESTHESIOLOGIST	25	310		7,260.33	23.42	.020	290.41	-	.46	
OUTPATIENT SURGERY	203	416		48,438.38	116.44	.027	238.61	-	3.10	
PRINCIPAL SURGEON	187	257		44,345.36	172.55	.016	237.14	t	2.84	
ASSISTANT SURGEON	3	3		329.50	109.83	.000	109.83	\$.02	
ANESTHESIOLOGIST	27	156		3,763.52	24.13	.010	139.39	j	.24	
DIALYSIS	11	59		5,362.76	90.89	.004	487.52		.34	
PATHOLOGY	234	355		3,510.09	9.89	.023	15.00)	.22	
RADIOLOGY	784	1,307		60,087.24	45.97	.084	76.64	t	3.85	
PSYCHIATRY	0	0		.00	.00	.000	.00)	.00	
IMMUNIZATION AND INJECTION	79	625		8,267.49	13.23	.040	104.65)	.53	
OTHER SERVICES/ALL X-OVERS	1,140	3,318		78,942.33	23.79	.212	69.25	j	5.05	
@PHARMACY	7,343	38,129	\$	2,342,236.95	\$ 61.43	2.440	\$ 318.98	\$	149.88	
PRESCRIPTION DRUGS	7,288	29,379		2,270,896.25	77.30	1.880	311.59)	145.32	
SNF/ICF	53	407		29,882.60	73.42	.026	563.82	,	1.91	
OUTPATIENTS	7,239	28,972		2,241,013.65	77.35	1.854	309.58	}	143.41	
MEDICAL SUPPLIES	413	8 , 750		71,340.70	8.15	.560	172.74	Ė	4.57	
@DENTIST	840	2,984	\$		\$ 48.13	.191	\$ 170.98	; \$	9.19	
VISITS - DIAGNOSTIC	568	1,711	•	28,685.25	16.77	.109	50.50)	1.84	
ORAL SURGERY	122	340		16,356.00	48.11	.022	134.07	1	1.05	
				•						

5	10		118.00	11.80	.001	23.60		.01
14	14		1,400.00	100.00	.001	100.00		.09
18	19		3,310.00	174.21	.001	183.89		.21
49	92		16,209.00	176.18	.006	330.80		1.04
256	577		47,079.80	81.59	.037	183.91		3.01
4	6		120.00	20.00	.000	30.00		.01
83	204		29,400.00	144.12	.013	354.22		1.88
2	4		444.00	111.00	.000	222.00		.03
1	1		300.00	300.00	.000	300.00		.02
0	0		.00	.00	.000	.00		.00
2	2		100.00	50.00	.000	50.00		.01
3	4		97.80	24.45	.000	32.60		.01
MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAG	E 15,898
FEE-FOR-SERVICE	/DENTAL							01/17/03
SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE					
					MON	THLY AVERA	GE	
USERS	UNITS OF SERVICE		EXPENDITURES			COST PER	CO	ST PER
	OR DAYS OF CARE				PER ELIG	USER		LIGIBLE
314	915	\$	21,712.09		·	69.15	\$	1.39
	223		10,200.05			45.74		.65
239			10,999.17		.043	46.02		.70
			512.87		.001	32.05		.03
	53	\$	886.16		.003 \$	24.62	\$.06
35	49		819.28		.003	23.41		.05
1	4				.000	66.88		.00
= '	22	\$		•			\$.05
8	8		239.60	29.95	.001			.02
0	0			.00				.00
•	0		.00	.00	.000	.00		.00
	14		523.12	37.37	.001	47.56		.03
29	220	\$	14,707.04	\$ 66.85	.014 \$	507.14	\$.94
3	23		357.71	\$ 15.55	.001 \$	119.24		.02
	14 18 49 256 4 83 2 1 0 2 3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	14 14 19 49 92 256 577 4 6 6 83 204 2 4 1 1 1 0 0 0 2 2 2 3 4 4 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC OR DAYS OF CARE 314 915 223 223 239 670 16 22 36 53 35 49 1 4 17 22 8 8 8 0 0 0 0 0 11 1 14	14 14 19 49 92 256 577 4 6 83 204 2 4 1 1 0 0 0 2 2 2 3 4 4 MEDI-CAL SERVICES AND EXPENDITURES METER-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANT OR DAYS OF CARE 314 915 \$ 223 223 239 670 16 22 36 53 \$ 35 49 1 4 17 22 \$ 8 8 8 0 0 0 0 0 11 1 14	14 14 14 1,400.00 18 19 3,310.00 49 92 16,209.00 256 577 47,079.80 4 6 120.00 83 204 29,400.00 2 4 444.00 1 1 1 300.00 0 0 0 .00 2 2 2 100.00 3 4 97.80 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT RE FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE 314 915 \$ 21,712.09 223 223 10,200.05 239 670 10,999.17 16 22 512.87 36 53 \$ 886.16 35 49 819.28 1 4 66.88 17 22 \$ 762.72 8 8 8 239.60 0 0 0 .00 0 0 0 .00 11 14 523.12	14 14 1,400.00 100.00 18 19 3,310.00 174.21 49 92 16,209.00 176.18 256 577 47,079.80 81.59 4 6 120.00 20.00 83 204 29,400.00 144.12 2 4 444.00 111.00 1 1 300.00 300.00 0 0 .00 .00 2 2 100.00 50.00 3 4 97.80 24.45 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL EXPENDITURES AVERAGE COST SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE EXPENDITURES AVERAGE COST PER UNIT/DAY 314 915 \$ 21,712.09 \$ 23.73 223 223 10,200.05 45.74 239 670 10,999.17 16.42 16 22 512.87 23.31 36 53 886.16 \$ 16.72 35 49 819.28 16.72 <td> 14</td> <td> 14</td> <td>14</td>	14	14	14

NURSE MIDWIFE	1	2	\$	144.24	\$ 72.12	.000	\$ 144.24	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00	.000			.00
FAMILY NURSE PRACTITIONER	6	8	\$		\$ 26.25		\$ 34.99		.01
@TOTAL HOSPITAL	2,374	12,065	Ś		\$ 152.16		\$ 773.28		117.47
HOSP INPATIENT TOTAL	201	941	'	1,509,291.32		.060	7508.91		96.58
HSC HOSPITALS	7	34		50,002.00		.002	7143.14		3.20
NON-HSC HOSPITAL TOTAL	125	619		1,413,833.87		.040	11310.67		90.47
ACCOMMODATIONS	124	619		293,107.79	473.52	.040	2363.77		18.76
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ō		.00	.00	.000	.00		.00
ALL OTHER ACCOM	124	619		293,142.39	473.57	.040	2364.05		18.76
ANCILLARIES	125	0		1,120,726.08	.00	.000	8965.81		71.72
INPATIENT CROSSOVERS	69	288		45,455.45	157.83	.018	658.77		2.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	2,255	11,124		326,475.04	29.35	.712	144.78		20.89
MEDICAL	1,035	1,686		78,858.08	46.77	.108	76.19		5.05
SURGERY	279	367					68.25		1.22
PATHOLOGY	999	3,843		45,717.09	51.89 11.90	.246	45.76		2.93
RADIOLOGY	582	845		60,195.69	71.24	.054	103.43		3.85
ROOM USE		1,374		•	46.92		69.25		4.13
CROSSOVERS/ALL OTH OUTPTNT		3,009			19.34		65.60		3.72
@COUNTY HOSPITAL TOTAL	1,680	7,370	\$	590,413.88	\$ 80.11	.472	\$ 351.44	\$	37.78
CO HOSPITAL INPATIENT TOTAL	. 84	289			1311.67	.018	4512.77		24.26
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	59	179		360,523.62	2014.10	.011	6110.57		
ACCOMMODATIONS	59	179			514.05	.011	1559.56		5.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	59	179		92,014.25	514.05	.011	1559.56		5.89
ANCILLARIES	59	0		268,509.37	.00	.000	4551.01		17.18
INPATIENT CROSSOVERS	25	110		18,549.06	168.63	.007	741.96		1.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1,636	7,081		211,341.20	29.85	.453	129.18		13.52
MEDICAL	870	1,393		65,376.80	46.93	.089	75.15		4.18
SURGERY	203	287		15,564.50	54.23	.018	76.67		1.00
PATHOLOGY	755	2,634		31,110.73	11.81	.169	41.21		1.99
RADIOLOGY	415	527		34,719.15	65.88	.034	83.66		2.22
ROOM USE	632	867		42,170.48	48.64	.055	66.73		2.70
CROSSOVERS/ALL OTH OUTPINT	543	1,373		22,399.54	16.31	.088	41.25		1.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MC	NTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU D	EC 2002	PA	GE 15,899
MOP024	FEE-FOR-SERVICE/DENT	TAL							01/17/03
TRANSPORT CONTINUE	CINDIA DII CE CEDIII CEC	DOD DUDITO		E3310E					

TRINITY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

15,627 ELIGIBLES								
						UNIT/DAY PER ELIG USER 265.25 .300 \$ 1505.87 733.46 .042 9188.77 470.65 .002 7143.14 893.89 .028 14629.31 457.03 .028 2832.30 .00 .000 .00 .00 .000 .00 457.11 .028 2832.79 .00 .000 .000 11836.34	GE	
15,627 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	827	4,695	\$	1,245,352.48	\$ 265.25	.300	\$ 1505.87	\$ 79.69
COMM HOSP INPATIENT TOTAL	123	652		1,130,218.64	1733.46	.042	9188.77	72.32
HSC HOSPITALS	7	34		50,002.00	1470.65	.002	7143.14	3.20
NON-HSC HOSPITALS TOTAL	72	440		1,053,310.25	2393.89	.028	14629.31	67.40
ACCOMMODATIONS	71	440		201,093.54	457.03	.028	2832.30	12.87
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	71	440		201,128.14	457.11	.028	2832.79	12.87
ANCILLARIES	72	0		852,216.71	.00	.000	11836.34	54.53
INPATIENT CROSSOVERS	44	178		26,906.39	151.16	.011	611.51	1.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

	F.0.0	4 0 4 0		115 100 04		00.40	0.50		155.00		
COMM HOSP OUTPATIENT TOTAL	732	4,043		115,133.84		28.48	.259		157.29		7.37
MEDICAL	193	293		13,481.28		46.01	.019		69.85		.86
SURGERY	78	80		3,477.85		43.47	.005		44.59		.22
PATHOLOGY	271	1,209		14,606.36		12.08	.077		53.90		. 93
RADIOLOGY	179	318		25,476.54		80.11	.020		142.33		1.63
ROOM USE	341	507		22,302.67		43.99	.032		65.40		1.43
CROSSOVERS/ALL OTH OUTPTNT		1,636		35,789.14		21.88	.105		95.44		2.29
@STATE HOSPITAL	0	0	\$	13,400.00	\$.00	.000	\$.00	\$.86
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		13,400.00		.00	.000		.00		.86
@NURSING FACILITY	63	1,163	\$	274,493.42	\$	236.02	.074	\$	4357.04	\$	17.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	31		3,748.83		120.93	.002		3748.83		.24
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	62	1,132		270,744.59		239.17	.072		4366.85		17.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	205	\$	26,570.73	\$	129.61	.013	\$	1062.83	\$	1.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	25	205		26,570.73		129.61	.013		1062.83		1.70
@REHABILITATION FACILITY	7	25	\$	518.39	\$	20.74	.002	\$	74.06	\$.03
HOSPITAL BASED	1	13		264.11	•	20.32	.001		264.11	·	.02
INDEPENDENT FACILITY	6	12		254.28		21.19	.001		42.38		.02
@LABORATORY FACILITY	702	2,878	\$	49,298.43	\$	17.13	.184	\$	70.23	\$	3.15
PATHOLOGY	672	2,832	·	49,034.70	•	17.31	.181		72.97	·	3.14
XO AND OTHERS	30	46		263.73		5.73	.003		8.79		.02
@ORGANIZED OUTPATIENT CLINIC	2,384	3,962	\$	358,604.48	\$	90.51	.254	\$	150.42	\$	22.95
CLINIC	62	226		6,064.46	'	26.83	.014		97.81		.39
SURGICENTER	18	57		6,052.39		106.18	.004		336.24		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,316	3,679		346,487.63		94.18	.235		149.61		22.17
#CALIF DEPT OF HEALTH SERV	•		IRES M	IONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 15,900
MOP024	FEE-FOR-SERVICE			.01,111 01 11111111111111111111111111111		. 2011 01111 2	1002 111110		2002		01/17/03
TRINITY COUNTY		ICES FOR PUBLIC	ASST	STANCE							,,00
							1	40NT	HLY AVERA	GE	
15,627 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVF	RAGE COST			COST PER	-	COST PER
10,02. 22101222	00210		-				DII				

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 62,102 @ALL OTHER PROVIDERS 1,555 305,624.68 \$ 4.92 3.974 \$ 196.54 \$ 19.56 158.40 582.11 DURABLE MED. EQUIP. 160 588 93,137.79 .038 5.96 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 9,594.82 HEARING AID DISPENSERS 46 72 133.26 .005 208.58 .61 273 6,154 102,459.52 16.65 .394 375.31 6.56 MEDICAL TRANSPORTATION 170 3,923 55,006.49 14.02 .251 323.57 3.52 AMBULANCES/AIR TRANS 13 439 150.48 .13 OTHER TRANS 1,956.25 4.46 .028 OTHER SERVICES 107 1,792 45,496.78 25.39 .115 425.20 2.91 3 3 70.28 23.43 .000 23.43 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 13 104 6,957.27 66.90 .007 535.17 .45 18 77.06 GENETIC DISEASE TESTING 18 1,387.00 77.06 .001 .09 59 109.56 .004 .41 4 6,464.26 1616.07 IHMC, MODEL-NF, NF, AIDS, MSSP 1 8 152.24 19.03 152.24 .01 OCCUPATIONAL THERAPIST .001 267 11.62 OPTICIAN 607 7,053.34 .039 26.42 .45 PHYSICAL THERAPIST 50 506 6,814.83 13.47 .032 136.30 . 44

PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	32	52	5,429.91	104.42	.003		169.68	.35
PROSTHETICS	20	38	4,982.91	131.13	.002		249.15	.32
ORTHOTICS	12	14	447.00	31.93	.001		37.25	.03
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	21	47	2,683.68	57.10	.003		127.79	.17
HOSPICE SERVICES	1	3	623.73	207.91	.000		623.73	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	211	1,253	15,038.92	12.00	.080		71.27	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	599	52 , 628	47,757.09	.91	3.368		79.73	3.06
@CALIF. CHILDREN SERVICES*	70	1,302	\$ 127,281.42	\$ 97.76	.083	\$ 1	1818.31	\$ 8.14
@XOVER EXCLUDING STATE HOSP**	1,327	11,116	\$ 196,154.44	\$ 17.65	.711	\$	147.82	\$ 12.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,901
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

TRINITY COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SOC	- AGED	AID C	ODE 14 IH					
							MO	NT	HLY AVERA	GE ·	
849 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	(COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	670	4,204	\$	240,255.65	\$	57.15	4.952	\$	358.59	\$	282.99
@PHYSICIANS SERVICES	138	370	\$	5,104.70	\$	13.80	.436	\$	36.99	\$	6.01
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	138	370		5,104.70		13.80	.436		36.99		6.01
@PHARMACY	584	2,345	\$	161,897.05	\$	69.04	2.762	\$	277.22	\$	190.69
PRESCRIPTION DRUGS	579	2,246		157,431.30		70.09	2.645		271.90		185.43

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	4	86		3,894.86		45.29	.101	973.72	4	1.59
OUTPATIENTS	575	2,160		153,536.44		71.08	2.544	267.02	180	0.84
MEDICAL SUPPLIES	24	99		4,465.75		45.11	.117	186.07		5.26
@DENTIST	25	80	\$	4,222.75	\$	52.78	.094	\$ 168.91	\$ 4	1.97
VISITS - DIAGNOSTIC	16	35		662.00		18.91	.041	41.38		.78
ORAL SURGERY	4	23		555.00		24.13	.027	138.75		.65
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	6	11		1,182.00		107.45	.013	197.00	_	L.39
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	8	11		1,823.75		165.80	.013	227.97	2	2.15
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MON	TH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 1	15,902
MOP024	FEE-FOR-SERVICE/DEN	TAL							01,	/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC -	AGED	AID C	CODE 14 1F	H 1U			
							M	ONTHLY AVERA	GE	
OAO ELICIDIEC	HOEDO IINT	TO OF CEDITOR		EXPENDIBLEC	70 7 7 7	1D 7 CE COCE	n marma/pay	C COCH DED	COCH	DED

849 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 42 862.97 20.55 .049 \$ 57.53 \$ 1.02 15 5 5 237.25 47.45 .006 47.45 .28 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 13 35 607.45 17.36 .041 46.73 .72 18.27 OTHER OPTOMETRIC SERVICES 1 2 18.27 9.14 .002 . 02 .00 @CHIROPRACTOR \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 152.91 21.84 38.23 \$ @PODIATRIST .008 \$.18 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 152.91 21.84 .008 38.23 .18 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL 324 15,367.72 47.43 .382 289.96 18.10 HOSP INPATIENT TOTAL 12 53 7,607.25 143.53 .062 633.94 8.96 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 Ω .00 .000 .00 ANCILLARIES .00 .00 INPATIENT CROSSOVERS 53 7,607.25 143.53 .062 633.94 8.96 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 43 HOSP OUTPATIENT TOTAL 271 28.64 .319 180.48 9.14 7,760.47 MEDICAL 149.35 74.68 .002 74.68 .18 .00 .001 SURGERY 1 .00 .00 .00 PATHOLOGY 181.92 6.74 .032 90.96 .21

RADIOLOGY	1	2		278.83		139.42	.002	278.83		.33
ROOM USE	2	4		49.47		12.37	.005	24.74		.06
CROSSOVERS/ALL OTH OUTPINT	43	235		7,100.90		30.22	.277	165.14		8.36
@COUNTY HOSPITAL TOTAL	17	86	\$	3,780.79	\$	43.96	.101	\$ 222.40	\$	4.45
CO HOSPITAL INPATIENT TOTAL	4	12		2,230.25		185.85	.014	557.56		2.63
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	12		2,230.25		185.85	.014	557.56		2.63
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	13	74		1,550.54		20.95	.087	119.27		1.83
MEDICAL	1	1		149.35		149.35	.001	149.35		.18
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	23		181.92		7.91	.027	181.92		.21
RADIOLOGY	1	2		278.83		139.42	.002	278.83		.33
ROOM USE	1	1		49.47		49.47	.001	49.47		.06
CROSSOVERS/ALL OTH OUTPINT	13	47		890.97		18.96	.055	68.54		1.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	IONTH-OF-PAYMENT I	REPOR'	r for Jan	2002 THRU I	DEC 2002	PΖ	AGE 15,903
MOP024	FEE-FOR-SERVICE/I	DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	CES FOR MN - N	O SOC	: - AGED	AID (CODE 14 1H	1U			
							MC	NTHLY AVERA	GE -	
849 ELIGIBLES	USERS (JNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	238	\$	11,586.93	\$	48.68	.280	\$ 321.86	\$	13.65
COMM HOSP INPATIENT TOTAL	8	41		5,377.00		131.15	.048	672.13		6.33
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Q	41		5,377.00		131.15	.048		672.13		6.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	•	-									
COMM HOSP OUTPATIENT TOTAL	30	197		6,209.93		31.52	.232		207.00		7.31
MEDICAL	1	1		.00		.00	.001		.00		.00
SURGERY	1	1		.00		.00	.001		.00		.00
PATHOLOGY	1	4		.00		.00	.005		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		.00		.00	.004		.00		.00
CROSSOVERS/ALL OTH OUTPINT	30	188		6,209.93		33.03	.221		207.00		7.31
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	152	\$	30,956.91	ċ	203.66	.179	\$	6191.38	ċ	36.46
-	5		Ş		Ą			Ş		Ş	
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	152		30,956.91		203.66	.179		6191.38		36.46
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
-	0	0	۲	.00	Ą	.00		ې	.00	ې	
HOSPITAL BASED	U						.000				.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	5	\$	79.09	\$	15.82	.006	\$	15.82	\$.09
PATHOLOGY	1	1		60.25		60.25	.001		60.25		.07
XO AND OTHERS	4	4		18.84		4.71	.005		4.71		.02
@ORGANIZED OUTPATIENT CLINIC	105	180	\$	10,456.57	\$	58.09	.212	\$	99.59	\$	12.32
CLINIC	0	0	·	.00		.00	.000		.00		.00
SURGICENTER	2	2		393.64		196.82	.002		196.82		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	103	178		10,062.93		56.53	.210		97.70		11.85
			IIDEC M	ONTH-OF-PAYMENT F				DEC		D.7	
#CALIF DEPT OF HEALTH SERV			UKES M	ONTH-OF-PAIMENT F	(EPOR)	FOR JAN 2	2002 THRU	DEC	2002	PF	AGE 15,904
MOP024	FEE-FOR-SERVICE										01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR MN - 1	NO SOC	- AGED	AID (CODE 14 1H					
							M				
849 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	+	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	134	699	\$	11,154.98	\$	15.96	.823	\$	83.25	\$	13.14
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	7		2,317.65		331.09	.008		463.53		2.73
MEDICAL TRANSPORTATION	17	323		1,683.62		5.21	.380		99.04		1.98
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	48		454.80					454.80		.54
						9.48	.057				
OTHER SERVICES	16	275		1,228.82		4.47	.324		76.80		1.45
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	40	482.62	12.07	.047	28.39	.57
PHYSICAL THERAPIST	2	5	26.09	5.22	.006	13.05	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	7	170.60	24.37	.008	56.87	.20
PROSTHETICS	3	7	170.60	24.37	.008	56.87	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	97	317	6 , 474.40	20.42	.373	66.75	7.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	248	1,253	\$ 28,267.38	\$ 22.56	1.476	\$ 113.98	\$ 33.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,905 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----UNITS OF SERVICE 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 0 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 15,906

FEE-FOR-SERVICE/DENTAL

MOP024

TRINITY COUNTY

						M	CNO	THLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PA	GE 15,907
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC	- BLIND		AID CODE	24			
								NTHLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN 200	02 THRU	DEC	2002	Ρź	AGE 15,908
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES I	FOR MN - N	o soc	: - BLIND		AID CODE 2					
									HLY AVERA	-	
00 ELIGIBLES		S OF SERVIC		EXPENDITURES		RAGE COST UI			COST PER		COST PER
	OR I	DAYS OF CAR	Ε.		PER		PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00

.00

.00

.000

.00

.00

0

BLOOD BANK

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
0* TOTALS IN THESE LINES ARE GIVEN		•					
THE AMOUNTS ARE ALREADY INCLUDED			VE.				
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DET	AIL LINES ABOVE.					

[@] :

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,909 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

INTINITI COOMIT	DOMMANT OF DER	VICED FOR PIN IN	5 500	DISADED 04	00 011 00 07 022	00		
						MC	NTHLY AVERA	GE
648 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	526	9,342	\$	373,442.09	\$ 39.97	14.417	\$ 709.97	\$ 576.30
@PHYSICIANS SERVICES	142	805	\$	18,502.88	\$ 22.98	1.242	\$ 130.30	\$ 28.55
OUTPATIENT VISITS	35	72		2,325.69	32.30	.111	66.45	3.59
OFFICE VISITS	32	63		1,987.21	31.54	.097	62.10	3.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.002	108.08	.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8		230.40	28.80	.012	32.91	.36
INPATIENT VISITS	5	15		660.70	44.05	.023	132.14	1.02
HOSPITAL VISITS	5	15		660.70	44.05	.023	132.14	1.02
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	19		3,159.11	166.27	.029	631.82	4.88
PRINCIPAL SURGEON	4	5		2,596.04	519.21	.008	649.01	4.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14		563.07	40.22	.022	281.54	.87

OUTPATIENT SURGERY	7	19		1,407.92		74.10	.029		201.13		2.17
PRINCIPAL SURGEON	5	8		1,139.90		142.49	.012		227.98		1.76
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	11		268.02		24.37	.017		134.01		.41
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	18	32		1,360.48		42.52	.049		75.58		2.10
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.55		5.55	.002		5.55		.01
OTHER SERVICES/ALL X-OVERS	101	647		9,583.43		14.81	.998		94.89		14.79
@PHARMACY	443	4,369	\$	254,658.14	\$	58.29	6.742	\$	574.85	\$	392.99
PRESCRIPTION DRUGS	438	2,335		244,148.90		104.56	3.603		557.42		376.77
SNF/ICF	10	66		3,074.54		46.58	.102		307.45		4.74
OUTPATIENTS	430	2,269		241,074.36		106.25	3.502		560.64		372.03
MEDICAL SUPPLIES	52	2,034		10,509.24		5.17	3.139		202.10		16.22
@DENTIST	54	200	\$	11,954.00	\$	59.77	.309	\$	221.37	\$	18.45
VISITS - DIAGNOSTIC	32	78		1,586.00		20.33	.120		49.56		2.45
ORAL SURGERY	14	56		2,524.00		45.07	.086		180.29		3.90
DRUGS	1	3		45.00		15.00	.005		45.00		.07
ANESTHESIA	1	1		100.00		100.00	.002		100.00		.15
PERIODONTICS	1	1		200.00		200.00	.002		200.00		.31
ENDODONTICS	2	5		1,190.00		238.00	.008		595.00		1.84
RESTORATIVE DENTISTRY	13	28		2,439.00		87.11	.043		187.62		3.76
PROSTHETICS	1	1		30.00		30.00	.002		30.00		.05
DENTURES, STAYPLATES	8	27		3,840.00		142.22	.042		480.00		5.93
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES	MONTH-OF-PAYMENT R	REPOR	T FOR JAN	2002 THRU	DEC	2002	P	AGE 15,910
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 648 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 52 21.27 .080 \$ 65.05 \$ 1.71 @OPTOMETRIST 1,105.90 47.45 DIAGNOSTIC AND ANC. PROCED 8 8 379.60 47.45 .012 .59 EYE APPLIANCES 16 44 726.30 16.51 .068 45.39 1.12 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 @CHIROPRACTOR 0 .00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 33.84 16.92 .003 \$ 16.92 . 0.5 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 0 .00 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 .00 .000 .00 .00 2 OTHER 33.84 16.92 .003 16.92 .05 @HOME HEALTH AGENCY 30 2,081.73 69.39 .046 \$ 693.91 3.21 0 Ś .00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 NURSE MIDWIFE .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 739 44,572.18 60.31 1.140 \$ 530.62 \$ 68.78 15 HOSP INPATIENT TOTAL 93 35,123.04 377.67 .144 2341.54 54.20 0 HSC HOSPITALS 0 .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

TRINITY COUNTY

NON-HSC HOSPITAL TOTAL	4	7		28,124.80	4017.83	.011	7031.20		43.40
ACCOMMODATIONS	3	7		4,087.00	583.86	.011	1362.33		6.31
ADMINISTRATIVE DAYS	0	0		.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	7		4,087.00	583.86	.011	1362.33		6.31
ANCILLARIES	4	0		24,037.80	.00	.000	6009.45		37.10
INPATIENT CROSSOVERS	11	86		6,998.24	81.37	.133	636.20		10.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	74	646		9,449.14	14.63	.997	127.69		14.58
MEDICAL	9	18		699.29			77.70		1.08
SURGERY	5	7		473.56			94.71		.73
PATHOLOGY	21	355		2,795.96	7.88	.548	133.14		4.31
RADIOLOGY	8	12		1,184.44	98.70	.019	148.06		1.83
ROOM USE	16	33		1,726.44	52.32	.051	107.90		2.66
CROSSOVERS/ALL OTH OUTPINT	57	221		2,569.45	11.63	.341	45.08		3.97
@COUNTY HOSPITAL TOTAL	48	504	\$	17,700.54	\$ 35.12	.778	\$ 368.76	\$	27.32
CO HOSPITAL INPATIENT TOTAL	5	13		10,580.93	813.92	.020	2116.19		16.33
HSC HOSPITALS	0	0		.00			.00		.00
NON-HSC HOSPITALS TOTAL	2	2		8,164.93	4082.47		4082.47		12.60
ACCOMMODATIONS	1	2		1,065.00		.003	1065.00		1.64
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00			.00		.00
ALL OTHER ACCOM	1	2		1,065.00	532.50	.003	1065.00		1.64
ANCILLARIES	2	0		7,099.93	.00	.000	3549.97		10.96
INPATIENT CROSSOVERS	3	11		2,416.00			805.33		3.73
ALL OTHER INPATIENT	0	0		.00			.00		.00
CO HOSP OUTPATIENT TOTAL	45	491		7,119.61			158.21		10.99
MEDICAL	5	7		468.14			93.63		.72
SURGERY	3	5		305.65					.47
PATHOLOGY	21	345		2,689.85			128.09		4.15
RADIOLOGY	6			893.40	99.27	.014	148.90		1.38
ROOM USE	11	23		1,288.29			117.12		1.99
CROSSOVERS/ALL OTH OUTPTNT		102		1,474.28			52.65		2.28
	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MO	NTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU I	DEC 2002		GE 15,911
	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	MN - N	10 SOC	- DISABLED 64	6G 6H 6U 6V 62				
						MC	NTHLY AVERA	GE	

648 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 43 235 26,871.64 \$ 114.35 .363 \$ 624.92 \$ 41.47 80 306.78 COMM HOSP INPATIENT TOTAL 10 24,542.11 .123 2454.21 37.87 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .008 NON-HSC HOSPITALS TOTAL 2 5 19,959.87 3991.97 9979.94 30.80 ACCOMMODATIONS 3,022.00 604.40 .008 1511.00 4.66 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 5 3,022.00 604.40 .008 1511.00 4.66 0 16,937.87 .00 8468.94 ANCILLARIES .000 26.14 INPATIENT CROSSOVERS 75 4,582.24 61.10 .116 572.78 7.07 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 36 155 2,329.53 15.03 .239 64.71 3.59 21.01 MEDICAL 4 11 231.15 .017 57.79 .36 2 2 83.96 .003 .26 SURGERY 167.91 83.96 PATHOLOGY 10 106.11 10.61 .015 106.11 .16 3 3 RADIOLOGY 291.04 97.01 .005 97.01 .45 ROOM USE 10 438.15 43.82 .015 54.77 .68

CROSSOVERS/ALL OTH OUTPINT	29	119		1,095.17		9.20	.184		37.76		1.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	43	\$	5,218.36	\$	121.36	.066	\$	2609.18	\$	8.05
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	43		5,218.36		121.36	.066		2609.18		8.05
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$	685.13	.008	\$	856.41	\$	5.29
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5		3,425.63		685.13	.008		856.41		5.29
@REHABILITATION FACILITY	2	4	\$	84.76	\$	21.19	.006	\$	42.38	\$.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	2	4		84.76		21.19	.006		42.38		.13
@LABORATORY FACILITY	20	92	\$	1,959.13	\$	21.29	.142	\$	97.96	\$	3.02
PATHOLOGY	18	88		1,948.30		22.14	.136		108.24		3.01
XO AND OTHERS	2	4		10.83		2.71	.006		5.42		.02
@ORGANIZED OUTPATIENT CLINIC	111	203	\$	10,917.12	\$	53.78	.313	\$	98.35	\$	16.85
CLINIC	1	1		10.00		10.00	.002		10.00		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	110	202		10,907.12		54.00	.312		99.16		16.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR:	r for Jan 200	2 THRU	DEC	2002	PA	GE 15,912
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- DISABLED 64 6	6G 6I	H 6U 6V 6X 80	3				

INTINITI COUNTI	DOMESTIC OF DELIC	VICED FOR MN NO DOC	DISADIED 04	00 011 00 07 02	00		
					MON	NTHLY AVERAG	E
648 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	82	2 , 798 \$	18,928.42	\$ 6.76	4.318	\$ 230.83	\$ 29.21
DURABLE MED. EQUIP.	9	22	9,319.53	423.62	.034	1035.50	14.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	466	1,728.44	3.71	.719	172.84	2.67
AMBULANCES/AIR TRANS	1	76	384.45	5.06	.117	384.45	.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	9	390	1,343.99	3.45	.602	149.33	2.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	40	414.53	10.36	.062	24.38	.64
PHYSICAL THERAPIST	6	25	292.75	11.71	.039	48.79	.45
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	751.02	250.34	.005	375.51	1.16
PROSTHETICS	2	3	751.02	250.34	.005	375.51	1.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.003	3.34	.01

HOSPICE SERVICES	0	0		80.29	.00	.000	.00	.12
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	85		1,001.66	11.78	.131	333.89	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	2,155		5,336.86	2.48	3.326	113.55	8.24
@CALIF. CHILDREN SERVICES*	7	29	\$	7,714.97	\$ 266.03	.045	\$ 1102.14	\$ 11.91
@XOVER EXCLUDING STATE HOSP**	158	1,894	\$	31,437.54	\$ 16.60	2.923	\$ 198.97	\$ 48.51
Q+ MOMATO IN MURCE TIMES ARE CIVE	T 70 7 OPD3D3ME	TATEODATA ELLONI	THEM ON	T 37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,913 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

DOMINANT OF DEN	VICED FOR MIN MOD	OC L'AI	1 24 22 210 21 20 0	34 33 30 3W 31	00		
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
4,209	24 , 929	\$	1,485,631.91	\$ 59.59	2.921	\$ 352.97	\$ 174.06
1,333	3,945	\$	165,334.39	\$ 41.91	.462	\$ 124.03	\$ 19.37
909	1,285		47,945.93	37.31	.151	52.75	5.62
826	1,075		37,960.42	35.31	.126	45.96	4.45
0	0		.00	.00	.000	.00	.00
56	62		2,884.07	46.52	.007	51.50	.34
0	0		.00	.00	.000	.00	.00
46	133		6 , 598.72	49.61	.016	143.45	.77
12	15		502.72	33.51	.002	41.89	.06
65	322		19,148.17	59.47	.038	294.59	2.24
62	244		11,549.23	47.33	.029	186.28	1.35
7	51		6,739.86	132.15	.006	962.84	.79
6	27		859.08	31.82	.003	143.18	.10
10	12		465.99	38.83	.001	46.60	.05
	USERS 4,209 1,333 909 826 0 56 0 46 12 65 62 7 6	USERS UNITS OF SERVICOR DAYS OF CAR 4,209 24,929 1,333 3,945 909 1,285 826 1,075 0 0 56 62 0 0 46 133 12 15 65 322 62 244 7 51 6 27	USERS UNITS OF SERVICE OR DAYS OF CARE 4,209 24,929 \$ 1,333 3,945 \$ 909 1,285 826 1,075 0 0 56 62 0 0 46 133 12 15 65 322 62 244 7 51 6 27	USERS UNITS OF SERVICE OR DAYS OF CARE 4,209 24,929 \$ 1,485,631.91 1,333 3,945 \$ 165,334.39 909 1,285 47,945.93 826 1,075 37,960.42 0 0 .00 56 62 2,884.07 0 0 .00 46 133 6,598.72 12 15 502.72 65 322 19,148.17 62 244 11,549.23 7 51 6,739.86 6 27 859.08	USERS UNITS OF SERVICE OR DAYS OF CARE 4,209 24,929 \$ 1,485,631.91 \$ 59.59 1,333 3,945 \$ 165,334.39 \$ 41.91 909 1,285 47,945.93 37.31 826 1,075 37,960.42 35.31 0 0 .00 .00 56 62 2,884.07 46.52 0 0 .00 .00 46 133 6,598.72 49.61 12 15 502.72 33.51 65 322 19,148.17 59.47 62 244 11,549.23 47.33 7 51 6,739.86 132.15 6 27 859.08 31.82	USERS UNITS OF SERVICE OR DAYS OF CARE 4,209 24,929 \$ 1,485,631.91 \$ 59.59 2.921 \$ 1,333 3,945 \$ 165,334.39 \$ 41.91 .462 \$ 1,075 37,960.42 35.31 .151 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 .126 \$ 1,075 37,960.42 35.31 35.31 \$ 1,000 \$ 1,	USERS UNITS OF SERVICE OR DAYS OF CARE 4,209 24,929 \$ 1,485,631.91 \$ 59.59 2.921 \$ 352.97 1,333 3,945 \$ 165,334.39 \$ 41.91 .462 \$ 124.03 909 1,285 47,945.93 37.31 .151 52.75 826 1,075 37,960.42 35.31 .126 45.96 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0

EXAMINATIONS	10	12		465.99	38.8	3 .001		46.60		.05
SERVICES AND MATERIALS	0	0		.00	.0	0 .000		.00		.00
INPATIENT HOSPITAL SURGERY	62	378		25,682.87	67.9	4 .044		414.24		3.01
PRINCIPAL SURGEON	45	50		21,411.79	428.2	4 .006		475.82		2.51
ASSISTANT SURGEON	6	6		990.10	165.0	2 .001		165.02		.12
ANESTHESIOLOGIST	16	322		3,280.98	10.1	9 .038		205.06		.38
OUTPATIENT SURGERY	122	343		28,723.56	83.7	4 .040		235.44		3.37
PRINCIPAL SURGEON	108	154		24,768.25	160.8	3 .018		229.34		2.90
ASSISTANT SURGEON	2	2		109.41	54.7	1 .000		54.71		.01
ANESTHESIOLOGIST	27	187		3,845.90	20.5	7 .022		142.44		.45
DIALYSIS	0	0		.00	.0	0 .000		.00		.00
PATHOLOGY	115	159		1,835.96	11.5	5 .019		15.96		.22
RADIOLOGY	402	657		26,089.60	39.7	1 .077		64.90		3.06
PSYCHIATRY	0	0		.00	.0	0 .000		.00		.00
IMMUNIZATION AND INJECTION	43	91		713.33	7.8	4 .011		16.59		.08
OTHER SERVICES/ALL X-OVERS	145	698		14,728.98	21.1	0 .082		101.58		1.73
@PHARMACY	2,248	5,499	\$	333,867.27	\$ 60.7	1 .644	\$	148.52	\$	39.12
PRESCRIPTION DRUGS	2,238	5,390		325,671.11	60.4	2 .632		145.52		38.16
SNF/ICF	0	0		.00	.0	0 .000		.00		.00
OUTPATIENTS	2,238	5 , 390		325,671.11	60.4	2 .632		145.52		38.16
MEDICAL SUPPLIES	50	109		8,196.16	75.1	9 .013		163.92		.96
@DENTIST	531	1,947	\$	87,111.00	\$ 44.7	4 .228	\$	164.05	\$	10.21
VISITS - DIAGNOSTIC	370	1,088		19,502.00	17.9	2 .127		52.71		2.28
ORAL SURGERY	79	196		12,233.00	62.4	1 .023		154.85		1.43
DRUGS	7	15		210.00	14.0	0 .002		30.00		.02
ANESTHESIA	13	13		1,300.00	100.0	0 .002		100.00		.15
PERIODONTICS	15	15		2,840.00	189.3	3 .002		189.33		.33
ENDODONTICS	32	52		9,822.00	188.8	8 .006		306.94		1.15
RESTORATIVE DENTISTRY	208	519		35,045.00	67.5	2 .061		168.49		4.11
PROSTHETICS	0	0		.00	.0	0 .000		.00		.00
DENTURES, STAYPLATES	17	44		5,538.00	125.8	6 .005		325.76		.65
SPACE MAINTAINERS	4	4		621.00	155.2	5 .000		155.25		.07
MAXILLOFACIAL SERVICES	1	1		.00	.0	0 .000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	0 .000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.0	0 .000		.00		.00
ALL OTHER SERVICES	0	0		.00	.0	0 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	PORT FOR J	AN 2002 THRU	DEC	2002	PF	AGE 15,914
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/17/03

----- MONTHLY AVERAGE -----USERS 8,535 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 366 @OPTOMETRIST 126 8,333.52 \$ 22.77 .043 \$ 66.14 \$.98 DIAGNOSTIC AND ANC. PROCED 95 96 4,288.96 44.68 .011 45.15 .50 270 EYE APPLIANCES 4,044.56 14.98 .032 40.85 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .000 .00 100.32 \$ 16.72 .001 \$ 16.72 \$ @CHIROPRACTOR .01 100.32 16.72 16.72 VISITS .001 .01 OTHER SERVICES 0 .00 .00 .000 .00 .00 38.40 @PODIATRIST 192.02 \$.001 \$ 64.01 \$.02 MEDICINE/INJECTIONS 54.78 27.39 .000 27.39 .01 .00 0 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY 17.30 .000 17.30 .00 17.30 2 OTHER 119.94 59.97 .000 119.94 .01 12 .003 \$ 133.03 \$ @HOME HEALTH AGENCY 28 1,596.34 \$ 57.01 .19 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

TRINITY COUNTY

NURSE MIDWIFE	1	1	\$	49.30	\$	49.30	.000	\$ 49.30	\$.01
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	1,244	4,996	\$	563,627.40	\$	112.82	.585	\$ 453.08	\$	66.04
HOSP INPATIENT TOTAL	61	245		404,482.99		1650.95	.029	6630.87		47.39
HSC HOSPITALS	1	9		10,017.00		1113.00	.001	10017.00		1.17
NON-HSC HOSPITAL TOTAL	60	236		394,465.99		1671.47	.028	6574.43		46.22
ACCOMMODATIONS	59	236		97,776.29		414.31	.028	1657.23		11.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	59	236		97,776.29		414.31	.028	1657.23		11.46
ANCILLARIES	60	0		296,689.70		.00	.000	4944.83		34.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,216	4,751		159,144.41		33.50	.557	130.88		18.65
MEDICAL	659	942		38,293.06		40.65	.110	58.11		4.49
SURGERY	151	207		10,802.30		52.19	.024	71.54		1.27
PATHOLOGY	478	1,485		16,966.79		11.43	.174	35.50		1.99
RADIOLOGY	317	427		29,310.05		68.64	.050	92.46		3.43
ROOM USE	480	686		32,491.86		47.36	.080	67.69		3.81
CROSSOVERS/ALL OTH OUTPTNT	348	1,004		31,280.35		31.16	.118	89.89		3.66
@COUNTY HOSPITAL TOTAL	965	3,329	\$	200,008.18	\$	60.08	.390		\$	23.43
CO HOSPITAL INPATIENT TOTAL		52		102,056.65		1962.63	.006	4437.25		11.96
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	23	52		102,056.65		1962.63	.006	4437.25		11.96
ACCOMMODATIONS	23	52		24,107.25		463.60	.006	1048.14		2.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	23	52		24,107.25		463.60	.006	1048.14		2.82
ANCILLARIES	23	0		77,949.40		.00	.000	3389.10		9.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	955	3 , 277		97,951.53		29.89	.384	102.57		11.48
MEDICAL	602	848		33,692.36		39.73	.099	55.97		3.95
SURGERY	111	155		7,857.85		50.70	.018	70.79		.92
PATHOLOGY	386	1,107		12,507.62		11.30	.130	32.40		1.47
RADIOLOGY	224	293		17,733.77		60.52	.034	79.17		2.08
ROOM USE	324	395		18,377.43		46.53	.046	56.72		2.15
CROSSOVERS/ALL OTH OUTPTNT		479		7,782.50		16.25	.056	34.44		.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JRES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	P	AGE 15,915
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03

----- MONTHLY AVERAGE -----8,535 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 324 1,667 \$ \$ 218.13 .195 \$ 1122.28 \$ 42.60 @COMMUNITY HOSPITAL TOTAL 363,619.22 15.00 1589.18 400.38 .0. .00 .000 .00 .000 400.38 .022 .00 .000 .00 .000 1566.98 38 193 COMM HOSP INPATIENT TOTAL 302,426.34 7958.59 35.43 HSC HOSPITALS 1 9 10,017.00 1113.00 10017.00 1.17 NON-HSC HOSPITALS TOTAL 37 184 292,409.34 7902.96 34.26 36 184 73,669.04 2046.36 8.63 ACCOMMODATIONS 0 0 .00 .00 .00 ADMINISTRATIVE DAYS .00 0 0 .00 TRANSITIONAL IP CARE .00 36 184 73,669.04 2046.36 ALL OTHER ACCOM 8.63 ANCILLARIES 37 0 218,740.30 5911.90 25.63 0 .00 .00 INPATIENT CROSSOVERS 0 .00 ALL OTHER INPATIENT .00 .00 .00

TRINITY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

COMM HOSP OUTPATIENT TOTAL	298	1,474		61,192.88		41.51	.173		205.35		7.17
MEDICAL	65	94		4,600.70		48.94	.011		70.78		.54
SURGERY	42	52		2,944.45		56.62	.006		70.11		.34
PATHOLOGY	105	378		4,459.17		11.80			42.47		.52
RADIOLOGY	97	134		11,576.28		86.39			119.34		1.36
ROOM USE	167	291		14,114.43		48.50	.034		84.52		1.65
CROSSOVERS/ALL OTH OUTPTNT		525		23,497.85		44.76	.062		180.75		2.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	197	\$	109,178.43	\$.023	\$	21835.69	\$	12.79
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90		552.97	.023		21787.18		12.76
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		242.53		.00	.000		.00		.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	·	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	370	1,134	\$	26,324.47	\$.133	\$	71.15	\$	3.08
PATHOLOGY	370	1,134	·	26,324.47	·	23.21	.133	·	71.15		3.08
XO AND OTHERS	0	-,		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	918	1,633	\$	147,012.71	\$.191	Ś		Ś	17.22
CLINIC	100	343	'	9,429.70		27.49	.040		94.30		1.10
SURGICENTER	1	10		243.41		24.34	.001		243.41		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	831	1,280		137,339.60		107.30	.150		165.27		16.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	IRES N		EPORT			DEC		PΑ	GE 15,916
MOP024	FEE-FOR-SERVICE/DENTA					_ 01. 0111					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F		SOC-FA	AM 34 39 3N 3T 3V	54 59	5.T 5W-5Y	7 6.T				31/1//00
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							, -				

					1101		.01
8,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	338	5 , 172 \$	42,904.74	\$ 8.30	.606 \$	126.94	\$ 5.03
DURABLE MED. EQUIP.	10	16	1,014.53	63.41	.002	101.45	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	99.99	50.00	.000	99.99	.01
MEDICAL TRANSPORTATION	44	1,028	22,809.61	22.19	.120	518.40	2.67
AMBULANCES/AIR TRANS	41	990	12,348.09	12.47	.116	301.17	1.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	38	10,461.52	275.30	.004	1494.50	1.23
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,199.00	87.96	.003	87.96	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	89	188	1,746.00	9.29	.022	19.62	.20
PHYSICAL THERAPIST	35	415	5 , 882.67	14.18	.049	168.08	.69

PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	24	2,417.39		100.72	.003	161.16	.28
PROSTHETICS	6	12	1,984.73		165.39	.001	330.79	.23
ORTHOTICS	9	12	432.66		36.06	.001	48.07	.05
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	384.42		48.05	.001	96.11	.05
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	107	414	4,897.92		11.83	.049	45.77	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,051	1,426.18		.47	.357	118.85	.17
@CALIF. CHILDREN SERVICES*	8	45	\$ 91,362.12	\$ 20	030.27	.005	\$ 11420.27	\$ 10.70
@XOVER EXCLUDING STATE HOSP**	20	482	\$ 4,521.23	\$	9.38	.056	\$ 226.06	\$.53

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,917 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

						===== IvI	JIN T	TLI AVERA	GE.	
10,032 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,405	38,475 \$	2,099,329.65	\$	54.56	3.835	\$	388.41	\$	209.26
@PHYSICIANS SERVICES	1,613	5 , 120 \$	188,941.97	\$.510	\$	117.14	\$	18.83
OUTPATIENT VISITS	944	1,357	50,271.62		37.05	.135		53.25		5.01
OFFICE VISITS	858	1,138	39,947.63		35.10	.113		46.56		3.98
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	57	63	2,992.15		47.49	.006		52.49		.30
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	46	133	6 , 598.72		49.61	.013		143.45		.66
OTHER OUTPATIENT	19	23	733.12		31.87	.002		38.59		.07
INPATIENT VISITS	70	337	19,808.87		58.78	.034		282.98		1.97
HOSPITAL VISITS	67	259	12,209.93		47.14	.026		182.24		1.22
CRITICAL CARE	7	51	6,739.86		132.15	.005		962.84		.67
SNF/ICF/TRANS IP CARE	6	27	859.08		31.82	.003		143.18		.09
OPHTHALMOLOGICAL SERVICES	10	12	465.99		38.83	.001		46.60		.05
EXAMINATIONS	10	12	465.99		38.83	.001		46.60		.05
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	67	397	28,841.98		72.65	.040		430.48		2.87
PRINCIPAL SURGEON	49	55	24,007.83		436.51	.005		489.96		2.39
ASSISTANT SURGEON	6	6	990.10		165.02	.001		165.02		.10
ANESTHESIOLOGIST	18	336	3,844.05		11.44	.033		213.56		.38
OUTPATIENT SURGERY	129	362	30,131.48		83.24	.036		233.58		3.00
PRINCIPAL SURGEON	113	162	25,908.15		159.93	.016		229.28		2.58
ASSISTANT SURGEON	2	2	109.41		54.71	.000		54.71		.01
ANESTHESIOLOGIST	29	198	4,113.92		20.78	.020		141.86		.41
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	115	159	1,835.96		11.55	.016		15.96		.18
RADIOLOGY	420	689	27,450.08		39.84	.069		65.36		2.74
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	44	92	718.88		7.81	.009		16.34		.07
OTHER SERVICES/ALL X-OVERS	384	1,715	29,417.11		17.15	.171		76.61		2.93
@PHARMACY	3,275	12,213 \$	750,422.46	\$	61.44	1.217	\$	229.14	\$	74.80
PRESCRIPTION DRUGS	3,255	9,971	727,251.31		72.94	.994		223.43		72.49

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	14	152		6,969.40		45.85	.015		497.81		.69
OUTPATIENTS	3,243	9,819		720,281.91		73.36	.979		222.10		71.80
MEDICAL SUPPLIES	126	2,242		23,171.15		10.34	.223		183.90		2.31
@DENTIST	610	2,227	\$	103,287.75	\$	46.38	.222	\$	169.32	\$	10.30
VISITS - DIAGNOSTIC	418	1,201		21,750.00		18.11	.120		52.03		2.17
ORAL SURGERY	97	275		15,312.00		55.68	.027		157.86		1.53
DRUGS	8	18		255.00		14.17	.002		31.88		.03
ANESTHESIA	14	14		1,400.00		100.00	.001		100.00		.14
PERIODONTICS	16	16		3,040.00		190.00	.002		190.00		.30
ENDODONTICS	34	57		11,012.00		193.19	.006		323.88		1.10
RESTORATIVE DENTISTRY	227	558		38,666.00		69.29	.056		170.33		3.85
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	33	82		11,201.75		136.61	.008		339.45		1.12
SPACE MAINTAINERS	4	4		621.00		155.25	.000		155.25		.06
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPOR'	r for jan 2	2002 THRU 1	DEC	2002	F	PAGE 15,918
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICALI	LY NEEDY - NO SOC							
							MO	TNC	HLY AVERA	GE	
10,032 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	158	460	\$	10,302.39	\$	22.40	.046	\$	65.21	\$	1.03
DIAGNOSTIC AND ANC. PROCED	108	109		4,905.81		45.01	.011		45.42		.49
EYE APPLIANCES	128	349		5,378.31		15.41	.035		42.02		.54
OTHER OPTOMETRIC SERVICES	1	2		18.27		9.14	.000		18.27		.00
@CHIROPRACTOR	6	6	\$	100.32	\$	16.72	.001	\$	16.72	\$.01
VISITS	6	6		100.32		16.72	.001		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	14	\$	378.77	\$	27.06	.001	\$	42.09	\$.04

MEDICINE/INJECTIONS	2	2	54.78	27.39	.000	27.39	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	7	11	306.69	27.88	.001	43.81	.03
@HOME HEALTH AGENCY	15	58 \$	3,678.07	\$ 63.42	.006 \$		\$.37
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	1	1 \$	49.30	\$ 49.30	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	1,381	6 , 059 \$	623,567.30	\$ 102.92	.604 \$		
HOSP INPATIENT TOTAL	88	391	447,213.28	1143.77	.039	5081.97	44.58
HSC HOSPITALS	1	9	10,017.00	1113.00	.001	10017.00	1.00
NON-HSC HOSPITAL TOTAL	64	243	422,590.79	1739.06	.024	6602.98	42.12
ACCOMMODATIONS	62	243	101,863.29	419.19	.024	1642.96	10.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	62	243	101,863.29	419.19	.024	1642.96	10.15
ALL OTHER ACCOM	64	243	320,727.50	.00		5011.37	31.97
ANCILLARIES	23	139	14,605.49	105.08	.000 .014	635.02	1.46
INPATIENT CROSSOVERS	0	139	•				
ALL OTHER INPATIENT			.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,333 670	5 , 668 962	176,354.02 39,141.70	31.11	.565	132.30	17.58
MEDICAL				40.69	.096	58.42	3.90
SURGERY	157	215	11,275.86	52.45	.021	71.82	1.12
PATHOLOGY	501	1,867	19,944.67	10.68	.186	39.81	1.99
RADIOLOGY	326	441	30,773.32	69.78	.044	94.40	3.07
ROOM USE	498	723	34,267.77	47.40	.072	68.81	3.42
CROSSOVERS/ALL OTH OUTPTNT	448	1,460	40,950.70	28.05	.146	91.41	4.08
@COUNTY HOSPITAL TOTAL	1,030	3,919 \$	221,489.51	\$ 56.52	.391 \$		
CO HOSPITAL INPATIENT TOTAL	32	77	114,867.83	1491.79	.008	3589.62	11.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	25	54	110,221.58	2041.14	.005	4408.86	10.99
ACCOMMODATIONS	24	54	25,172.25	466.15	.005	1048.84	2.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	54	25,172.25	466.15	.005	1048.84	2.51
ANCILLARIES	25	0	85,049.33	.00	.000	3401.97	8.48
INPATIENT CROSSOVERS	7	23	4,646.25	202.01	.002	663.75	.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,013	3,842	106,621.68	27.75	.383	105.25	10.63
MEDICAL	608	856	34,309.85	40.08	.085	56.43	3.42
SURGERY	114	160	8,163.50	51.02	.016	71.61	.81
PATHOLOGY	408	1,475	15,379.39	10.43	.147	37.69	1.53
RADIOLOGY	231	304	18,906.00	62.19	.030	81.84	1.88
ROOM USE	336	419	19,715.19	47.05	.042	58.68	1.97
CROSSOVERS/ALL OTH OUTPINT	267	628	10,147.75	16.16	.063	38.01	1.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 15,919
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MON		-
10,032 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	403	2,140 \$	402 , 077.79	\$ 187.89	.213 \$		
COMM HOSP INPATIENT TOTAL	56	314	332,345.45	1058.43	.031	5934.74	33.13
HSC HOSPITALS	1	9	10,017.00	1113.00	.001	10017.00	1.00
NON-HSC HOSPITALS TOTAL	39	189	312,369.21	1652.75	.019	8009.47	31.14
ACCOMMODATIONS	38	189	76,691.04	405.77	.019	2018.19	7.64

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	38	189		76,691.04		405.77	.019		2018.19		7.64
ANCILLARIES	39	0		235,678.17		.00	.000		6043.03		23.49
INPATIENT CROSSOVERS	16	116		9,959.24		85.86	.012		622.45		.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	364	1,826		69,732.34		38.19	.182		191.57		6.95
MEDICAL	70	106		4,831.85		45.58	.011		69.03		.48
SURGERY	45	55		3,112.36		56.59	.005		69.16		.31
PATHOLOGY	107	392		4,565.28		11.65	.039		42.67		.46
RADIOLOGY	100	137		11,867.32		86.62	.014		118.67		1.18
ROOM USE	176	304		14,552.58		47.87	.030		82.69		1.45
CROSSOVERS/ALL OTH OUTPINT	189	832		30,802.95		37.02	.083		162.98		3.07
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	392	\$	145,353.70				Ś	12112.81	Ś	14.49
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90		552.97	.020		21787.18		10.86
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	195		36,417.80		186.76	.019		5202.54		3.63
@INTERMEDIATE CARE FACILDD	,	0	\$.00		.00	.000	Ś		Ś	.00
ICF DDH	0	0	т	.00		.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63			.000	S	856.41	Ś	.34
HOSPITAL BASED	0	0	۲	.00		.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	4	5		3,425.63		685.13	.000		856.41		.34
@REHABILITATION FACILITY	2	4	\$	84.76			.000	Ċ		Ċ	.01
HOSPITAL BASED	0	0	٧	.00		.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	2	4		84.76		21.19	.000		42.38		.01
@LABORATORY FACILITY	395	1,231	\$	28,362.69			.123	ċ		ċ	2.83
PATHOLOGY	389	1,231	Ą	28,333.02		23.17	.123	ې	72.84	Ą	2.82
XO AND OTHERS	6	1,223		20,333.02		3.71	.001		4.95		.00
			ċ				.201	ċ		ċ	16.78
@ORGANIZED OUTPATIENT CLINIC	1,134 101	2,016	\$	168,386.40		83.53 27.44		ې	148.49 93.46	Ą	
CLINIC	3	344 12		9,439.70 637.05		53.09	.034		212.35		.94
SURGICENTER	0	0					.001		.00		.06 .00
HEROIN DETOX CLINIC				.00		.00 95.37	.000				15.78
RURAL HEALTH CLINIC	1,044	1,660	TDEC	158,309.65			.165	DEC	151.64	Б	
#CALIF DEPT OF HEALTH SERV			JRES .	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU	DEC	2002	Р	AGE 15,920
MOP024	FEE-FOR-SERVICE		O T O T T	TV NEEDY NO COC							01/17/03
TRINITY COUNTY	SUMMARY OF SERV	TICES FOR 28 MEI	DICAL	LY NEEDY - NO SOC			2.4		THLY AVERA	с п	
10 020 ELICIPIES	HOEDO	INITEO OF CERTIF	7 E	EVDENDIBLIDEC	71. 7. 7.	EDACE COOM				-	
10,032 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES							COST PER
ONLI OMURA ADOLITARA	A	OR DAYS OF CAR		72 000 14			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	554	8,669	\$	72,988.14		8.42	.864	Ş	131.75	\$	7.28
DURABLE MED. EQUIP.	19	38		10,334.06		271.95	.004		543.90		1.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	9		2,417.64		268.63	.001		402.94		.24
MEDICAL TRANSPORTATION	71	1,817		26,221.67		14.43	.181		369.32		2.61
AMBULANCES/AIR TRANS	42	1,066		12,732.54		11.94	.106		303.16		1.27
OTHER TRANS	1	48		454.80		9.48	.005		454.80		.05
OTHER SERVICES	32	703		13,034.33		18.54	.070		407.32		1.30
ACUPUNCTURE	1	1		27.03		27.03	.000		27.03		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,199.00	87.96	.002	87.96	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	123	268	2,643.15	9.86	.027	21.49	.26
PHYSICAL THERAPIST	43	445	6,201.51	13.94	.044	144.22	.62
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	34	3,339.01	98.21	.003	166.95	.33
PROSTHETICS	11	22	2,906.35	132.11	.002	264.21	.29
ORTHOTICS	9	12	432.66	36.06	.001	48.07	.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	387.76	38.78	.001	77.55	.04
HOSPICE SERVICES	0	0	80.29	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	110	499	5,899.58	11.82	.050	53.63	.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	5,523	13,237.44	2.40	.551	84.86	1.32
@CALIF. CHILDREN SERVICES*	15	74	\$ 99,077.09	\$ 1338.88	.007	\$ 6605.14	\$ 9.88
@XOVER EXCLUDING STATE HOSP**	426	3,629	\$ 64,226.15	\$ 17.70	.362	\$ 150.77	\$ 6.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,921
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

ININIII COUNII	SUMMAKI OF SEK	VICES FOR 29 MM -	30C -	- AGED	AID CO	JUE		
						MON	NTHLY AVERAG	E
31 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35	359	\$	26,781.48	\$ 74.60	11.581	\$ 765.19	\$ 863.92
@PHYSICIANS SERVICES	3	7	\$	227.60	\$ 32.51	.226	\$ 75.87	\$ 7.34
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7	227.60	32.51	.226	75.87	7.34
@PHARMACY	22	91 \$	3,138.10	\$ 34.48	2.935	\$ 142.64	\$ 101.23
PRESCRIPTION DRUGS	22	71	2,916.20	41.07	2.290	132.55	94.07
SNF/ICF	4	27	177.87	6.59	.871	44.47	5.74
OUTPATIENTS	18	44	2,738.33	62.23	1.419	152.13	88.33
MEDICAL SUPPLIES	5	20	221.90	11.10	.645	44.38	7.16
@DENTIST	1	6 \$	725.00	\$ 120.83	.194	\$ 725.00	\$ 23.39
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	2	.00	.00	.065	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	.00	.00	.065	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	725.00	362.50	.065	725.00	23.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 15,922

01/17/03

AID CODE

----- MONTHLY AVERAGE -----31 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 3 17.70 .097 \$ 53.11 \$ 53.11 1.71 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .097 EYE APPLIANCES 3 53.11 17.70 53.11 1.71 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .000 0 .00 .00 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 \$ 128.74 @TOTAL HOSPITAL 1,029.88 .258 \$ 343.29 \$ 33.22 HOSP INPATIENT TOTAL 1,029.88 128.74 .258 343.29 33.22 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

MOP024

TRINITY COUNTY

INPATIENT CROSSOVERS	3	8	1,029.88	128.74	.258	343.29	33.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES !	MONTH-OF-PAYMENT RE	EPORT FOR JAN 20	02 THRU DE	C 2002	PAGE 15,923
MOP024	FEE-FOR-SERVICE/DENTA						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F	OR 29 MN - SO	C - AGED	AID COD			
						THLY AVERAG	
31 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE	:		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$	1,029.88	\$	128.74	.258		343.29		33.22
COMM HOSP INPATIENT TOTAL	3	8		1,029.88		128.74	.258		343.29		33.22
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	8		1,029.88		128.74	.258		343.29		33.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	133	\$	20,246.19	\$	152.23	4.290	\$	6748.73	\$	653.10
LEV A-INTERMEDIATE	0	0	۲	.00	Y	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	133		20,246.19		152.23	4.290		6748.73		653.10
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0 4	\$.00	ċ	.00 89.87	.000 .129	ċ	.00 119.83	\$.00
@ORGANIZED OUTPATIENT CLINIC		0	ş	359.49	\$.00	.000	\$.00	Ą	11.60
CLINIC SURGICENTER	2	3		339.28		113.09	.000		169.64		10.94
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1				20.21					.65
#CALIF DEPT OF HEALTH SERV			ES MO								
	FEE-FOR-SERVICE					1010 01110 2	2002 111110	DLO	2002	-	01/17/03
			SOC	- AGED		AID CO	DDE				,,
				-			M	ONT	HLY AVERA	GE	
31 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	107	\$	1,002.11	\$	9.37	3.452	\$	167.02		
DURABLE MED. EQUIP.	0	0		.00			.000				.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

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MEDICAL TRANSPORTATION	2	100		305.42	3.05	3.226	152.71	9.85	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	2	100		305.42	3.05	3.226	152.71	9.85	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	1	3		32.58	10.86	.097	32.58	1.05	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	2		34.10	17.05	.065	34.10	1.10	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	9	111	\$	1,793.16	\$ 16.15	3.581	\$ 199.24	\$ 57.84	
0* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARATE	INFORMATION	ITEM ONI	ĽΥ;					
THE AMOUNTS ARE ALREADY INCLUDED	IN THE APPROP	PRIATE DETAIL	L LINES A	ABOVE.					

630.01 315.01 .065 315.01 20.32

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HEARING AID DISPENSERS

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

11(11(111 000))11	DOINING OF DER	VIODO 1010 30 11	11.4	000	DEIND		1110 00	,,,,				
								Mo	ГИС	THLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF C	ARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	1	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	1	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	1		.00		.00	.000		.00		.00
OFFICE VISITS	0	0	1		.00		.00	.000		.00		.00
HOME VISITS	0	0	1		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	1		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	1		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	1		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	1		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	1		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	1		.00		.00	.000		.00		.00
CRITICAL CARE	0	0	1		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	1		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	1		.00		.00	.000		.00		.00
EXAMINATIONS	0	0	1		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	1		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	1		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	1		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	1		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	1		.00		.00	.000		.00		.00

[@] :

OUIFAILENI SUNGENI	U	U		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
DIALYSIS		0								
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
	0	0	\$.00	\$.00	.000 \$		ċ	
@PHARMACY	0		Ą		Ą		·		Ą	.00
PRESCRIPTION DRUGS	Ü	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	۲	.00	Y	.00	.000	.00	Y	.00
	0	•								
ORAL SURGERY	U	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
	0	0								
PROSTHETICS	Ü	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
	· ·	0								
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES		RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU DE	C 2002	P.	AGE 15,926
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVIC	ES FOR 30 MN	- SOC	- BLIND		AID COI	DE			
						-	MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF SERVIC	7	EXPENDITURES	ZVFF		JNITS/DAYS	COST PER		COST PER
00 EHIGIBHES				EXTENDITORES						
		OR DAYS OF CAR				UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		Ċ	.00
-	0	•	Y		Y		·		Y	
VISITS	U	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	Ő		.00		.00	.000	.00		.00
	ŭ									
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
	•									
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00

0

0

0

0

OUTPATIENT SURGERY

HSC HOSPITALS

.00

.00

.00

.000

.00

.000

.00

.00

.00

.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ROOM USE	•	0			.000		.00
CROSSOVERS/ALL OTH OUTPINT	•	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 15,927
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 30 MN - SOC -	- BLIND	AID CC			
					MON		GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
ALL OTHER ACCOM			.00	.00		.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	_						
	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00	·	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	•	.00	·	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITII	RES MONTH-OF-E		PORT F			DEC 20		PΑ	GE 15,928
MOP024	FEE-FOR-SERVICE/DENTAL		01 1								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIND			AID CODE					//
11.11.111 0001.11	DOLLHARI OF DERVIOED FOR	00 1111	SSS BEIND			1112 0000					

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
AALL OTHER PROVIDERS	Ω	n s	0.0	\$ 00	000 \$	0.0	\$ 00

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00		\$.00	\$.00
O+ momato ta munon tiano and city			TDM 01		•					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TRINITY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 50 \$ 1,959.88 39.20 12.500 \$ 178.17 \$ 489.97 11 \$ @PHYSICIANS SERVICES 4 7 167.55 23.94 1.750 \$ 41.89 \$ 41.89 144.44 144.44 144.44 .250 OUTPATIENT VISITS 1 144.44 .250 144.44 36.11 OFFICE VISITS 144.44 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .00 .000 .00 .00 .000 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDI(VICED 1110 PRITERIAL	O		0		• 0	0	• 0 0	.000	• 0 0		• 0 0
INPATIENT HOSPITAL SURGERY	0		0		.0		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.0	0	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.0	0	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.0		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.0	0	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.0	0	.00	.000	.00		.00
DIALYSIS	0		0		.0	0	.00	.000	.00		.00
PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
RADIOLOGY	0		0		.0	0	.00	.000	.00		.00
PSYCHIATRY	0		0		.0	0	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.0	0	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	3		6		23.1	1	3.85	1.500	7.70		5.78
@PHARMACY	5		11	\$	903.2	1 \$	82.11	2.750	180.64	\$	225.80
PRESCRIPTION DRUGS	3		6		544.4	0	90.73	1.500	181.47		136.10
SNF/ICF	0		0		.0	0	.00	.000	.00		.00
OUTPATIENTS	3		6		544.4	0	90.73	1.500	181.47		136.10
MEDICAL SUPPLIES	2		5		358.8	1	71.76	1.250	179.41		89.70
@DENTIST	0		0	\$	60.9	8CR \$.00	.000 \$.00	\$	15.25CR
VISITS - DIAGNOSTIC	0		0		.0	0	.00	.000	.00		.00
ORAL SURGERY	0		0		.0	0	.00	.000	.00		.00
DRUGS	0		0		.0	0	.00	.000	.00		.00
ANESTHESIA	0		0		.0	0	.00	.000	.00		.00
PERIODONTICS	0		0		.0	0	.00	.000	.00		.00
ENDODONTICS	0		0		.0	0	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.0	0	.00	.000	.00		.00
PROSTHETICS	0		0		.0		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		60.9		.00	.000	.00		15.25CR
SPACE MAINTAINERS	0		0		.0	0	.00	.000			.00
MAXILLOFACIAL SERVICES	0		0		.0		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.0		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.0		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.0		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITURI	ES MO						P.A	AGE 15,930
MOP024	FEE-FOR-SERVICE/										01/17/03
TRINITY COUNTY	SUMMARY OF SERVI		31 MN -	SOC	- DISABLED	AID	CODES 65 67	6W			01/1//00
11(11)111 0001111		.020 1011	01 111.	200	210112122			MON	JTHLY AVERA	GE -	
04 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	S A	AVERAGE COST				COST PER
*		OR DAYS					PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1	011 21110	4	\$	100.5		25.14				
DIAGNOSTIC AND ANC. PROCED	1		1	т.	47.4		47.45	.250	47.45	т.	11.86
EYE APPLIANCES	1		3		53.1		17.70	.750	53.11		13.28
OTHER OPTOMETRIC SERVICES	0		0		.0		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.0			.000 \$		Ś	.00
VISITS	0		0	Υ	.0	-	.00	.000	.00	Ψ	.00
OTHER SERVICES	0		0		.0		.00	.000	.00		.00
@PODIATRIST	0		0	\$.0			.000		\$.00
MEDICINE/INJECTIONS	0		0	Y	.0		.00	.000	.00	Y	.00
SURGERY/ANES.	0		0		.0		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.0		.00	.000	.00		.00
OTHER	0		0		.0		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.0			.000		\$.00
NURSE ANESTHESIST	0		0	۶ \$.0			.000 \$.00
MOLOSE WMEDILEDIDI	U		U	۲	.0	0 7	.00	.000 \$.00	ٻ	. 00

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EXAMINATIONS

SERVICES AND MATERIALS

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.00

	2				0.0		0.0	0.00		0.0		0.0	
NURSE MIDWIFE	0		0	\$.00	\$.00		Ş	.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$		\$.00	
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00		.00	
@TOTAL HOSPITAL	1		13	\$	589.18	\$	45.32	0.200	\$	589.18	\$	147.30	
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00	
ANCILLARIES	0		0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0		Ö		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	1		13		589.18		45.32	3.250		589.18		147.30	
MEDICAL	0		0		.00		.00	.000		.00		.00	
SURGERY	0		0		.00		.00	.000		.00		.00	
PATHOLOGY	0		0		.00		.00	.000		.00		.00	
RADIOLOGY	0		0		.00		.00	.000		.00		.00	
	0		0				.00					.00	
ROOM USE	0		-		.00			.000		.00			
CROSSOVERS/ALL OTH OUTPTNT	1		13	^	589.18	<u> </u>	45.32	3.250	<u>^</u>	589.18	<u>^</u>	147.30	
@COUNTY HOSPITAL TOTAL	U		0	\$.00	\$.00	.000	\$.00	Ş	.00	
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00	
HSC HOSPITALS	Ü		0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00	
ANCILLARIES	0		0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00	
MEDICAL	0		0		.00		.00	.000		.00		.00	
SURGERY	0		0		.00		.00	.000		.00		.00	
PATHOLOGY	0		0		.00		.00	.000		.00		.00	
RADIOLOGY	0		0		.00		.00	.000		.00		.00	
ROOM USE	0		0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITURI	ES MON	TH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU D	EC	2002	Ρi	AGE 15,931	
MOP024	FEE-FOR-SERVICE/											01/17/03	
TRINITY COUNTY	SUMMARY OF SERVI		31 MN -	SOC -	DISABLED A	TD C	ODES 65 67	6W				01/1//00	
IKINIII OOONII		OLD TOR	J1 1111	500	DIGNELLE	iib o	0000 00 07	MC	ити	ILY AVERA	GE.		
04 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER	
01 111011110	00110	OR DAYS			7111 11101101101		R UNIT/DAY			USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1	OI DAID	13	\$	589.18	\$	45.32	3.250	Ś	589.18		147.30	
COMM HOSD INDAMIENT TOTAL			1.2	Y	203.10	۲	43.32	3.230		209.10	ٻ	147.30	

					MON	THLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	13	\$ 589.18	\$ 45.32	3.250 \$	589.18	\$ 147.30
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOOD OHEDDELENE HORAL	1	1.2		E00 10		45 22	2 250		E00 10		147 20
COMM HOSP OUTPATIENT TOTAL	Ι	13		589.18		45.32	3.250		589.18		147.30
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	13		589.18		45.32	3.250		589.18		147.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0	Υ	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
DEVELOP. DISABLED	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
-	0	0	Ą		Ą			Ÿ		ې	
ICF DDH	U	•		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Ψ	.00	Ψ	.00	.000	Y	.00	Ψ	.00
	0	0		.00							
INDEPENDENT FACILITY	0					.00	.000		.00		.00
@LABORATORY FACILITY	1	8	\$	52.83	\$	6.60	2.000	Ş	52.83	\$	13.21
PATHOLOGY	1	8		52.83		6.60	2.000		52.83		13.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	134.42	\$	67.21	.500	\$	134.42	\$	33.61
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	1	2		134.42		67.21	.500		134.42		33.61
RURAL HEALTH CLINIC	T	-									
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MC	DNTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC 2	002	PA	GE 15,932
MOP024	FEE-FOR-SERVICE										01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	SOC	- DISABLED A	ID CO	DES 65 67	6W				
							M	ONTHL	Y AVERA	GE -	
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S CC	ST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	3	5	\$	73.11	\$	14.62	1.250	Ś	24.37	Ś	18.28
DURABLE MED. EQUIP.	0	0	т.	.00	-T	.00	.000	т.	.00	-	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING											
	•	Λ		U U		(111)	$\cap \cap \cap$		\cap		(111)
	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 2	0 4		.00 .00 52.16		.00 .00 13.04	.000 .000 1.000		.00 .00 26.08		.00 .00 13.04
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	20.95	20.95	.250	20.95	5.24
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	24	\$ 709.40	\$ 29.56	6.000	\$ 141.88	\$ 177.35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,933 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39	185	\$	24,175.91	\$ 130.68	13.214	619.90	\$ 1726.85
@PHYSICIANS SERVICES	15	48	\$	2,793.48	\$ 58.20	3.429	186.23	\$ 199.53
OUTPATIENT VISITS	1	2		139.90	69.95	.143	139.90	9.99
OFFICE VISITS	1	2		139.90	69.95	.143	139.90	9.99
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OMILED OLIMBAMIENM	0	0		0.0	0.0	000	0	0	0.0
OTHER OUTPATIENT INPATIENT VISITS	3	10		.00 437.11	.00 43.71	.000	.0 145.7		.00 31.22
	3	10		437.11	43.71	.714	145.7		31.22
HOSPITAL VISITS	3	10							
CRITICAL CARE	0	-		.00	.00	.000	.0		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.0		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.0		.00
EXAMINATIONS	0	0		.00	.00	.000	.0		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	1	1		234.18	234.18	.071	234.1		16.73
PRINCIPAL SURGEON	1	1		234.18	234.18	.071	234.1		16.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.0		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.0		.00
OUTPATIENT SURGERY	5	23		1,788.72	77.77	1.643	357.7	4	127.77
PRINCIPAL SURGEON	5	9		1,599.30	177.70	.643	319.8	6	114.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.0	0	.00
ANESTHESIOLOGIST	1	14		189.42	13.53	1.000	189.4	2	13.53
DIALYSIS	0	0		.00	.00	.000	.0	0	.00
PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
RADIOLOGY	6	9		117.96	13.11	.643	19.6	6	8.43
PSYCHIATRY	0	0		.00	.00	.000	.0		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.0		.00
OTHER SERVICES/ALL X-OVERS	3	3		75.61	25.20	.214	25.2		5.40
@PHARMACY	9	24	\$	3,132.03	\$ 130.50	1.714			
PRESCRIPTION DRUGS	8	21	7	2,645.28	125.97	1.500	330.6		188.95
SNF/ICF	0	0		.00	.00	.000	.0		.00
OUTPATIENTS	8	21		2,645.28	125.97	1.500	330.6		188.95
MEDICAL SUPPLIES	3	3		486.75	162.25	.214	162.2		34.77
@DENTIST	1	4	Ś	.00	\$.00	.286		0 \$	
VISITS - DIAGNOSTIC	0	0	٧	.00	.00	.000	.0		.00
ORAL SURGERY	1	3		.00	.00	.214	.0		.00
DRUGS	1	1		.00	.00	.071	.0		.00
ANESTHESIA	0	U		.00	.00	.000	.0		.00
PERIODONTICS	0	0		.00	.00	.000	.0		.00
ENDODONTICS	0	0		.00	.00	.000	.0		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.0		.00
PROSTHETICS	0	0		.00	.00	.000	.0		.00
	0	0			.00	.000	.0		
DENTURES, STAYPLATES	0	0		.00					.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.0		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.0		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.0		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.0		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU	DEC 2002		PAGE 15,934
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03

----- MONTHLY AVERAGE -----14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 1 4 \$ 90.30 \$ 22.58 .286 \$ 90.30 \$ 6.45 DIAGNOSTIC AND ANC. PROCED 47.45 47.45 .071 47.45 3.39 1 EYE APPLIANCES 3 42.85 14.28 .214 42.85 3.06 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

TRINITY COUNTY

,	_	_					_	_	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	. (.00
SURGERY/ANES.	0	0		.00	.00	.000			.00
RADIO./PATHOLOGY	0	0		.00	.00	.000			.00
OTHER	0	0		.00	.00	.000			.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.(0 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.(0 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.(0 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00	.000			.00
FAMILY NURSE PRACTITIONER	0	0	Ś		\$.00	.000			.00
@TOTAL HOSPITAL	18	83	Ś		\$ 183.71	5.929			
HOSP INPATIENT TOTAL	2	8	Ψ	13,320.31	1665.04	.571			951.45
HSC HOSPITALS	0	0		.00	.00	.000			.00
NON-HSC HOSPITAL TOTAL	2	8		13,320.31	1665.04	.571			951.45
ACCOMMODATIONS	2	8		4,500.00	562.50	.571			321.43
	0	0		•	.00	.000			.00
ADMINISTRATIVE DAYS	0	0		.00					
TRANSITIONAL IP CARE		0		.00	.00	.000			.00
ALL OTHER ACCOM	2	8		4,500.00	562.50	.571			321.43
ANCILLARIES	2	0		8,820.31	.00	.000			630.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000			.00
ALL OTHER INPATIENT	0	0		.00	.00	.000			.00
HOSP OUTPATIENT TOTAL	17	75		1,927.84	25.70	5.357			137.70
MEDICAL	5	5		387.38	77.48	.357			27.67
SURGERY	4	7		248.71	35.53	.500			17.77
PATHOLOGY	5	22		253.37	11.52	1.571	50.6	7	18.10
RADIOLOGY	7	11		352.90	32.08	.786	50.4	1	25.21
ROOM USE	7	12		527.48	43.96	.857	75.3	5	37.68
CROSSOVERS/ALL OTH OUTPINT	6	18		158.00	8.78	1.286	26.3	3	11.29
@COUNTY HOSPITAL TOTAL	11	49	\$	14,335.94	\$ 292.57	3.500	\$ 1303.2	7 \$	1024.00
CO HOSPITAL INPATIENT TOTAL	2	8		13,320.31	1665.04	.571	6660.1		951.45
HSC HOSPITALS	0	0		.00	.00	.000	. (.00
NON-HSC HOSPITALS TOTAL	2	8		13,320.31	1665.04	.571			951.45
ACCOMMODATIONS	2	8		4,500.00	562.50	.571			321.43
ADMINISTRATIVE DAYS	0	0		.00	.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000			.00
ALL OTHER ACCOM	2	8		4,500.00	562.50	.571			321.43
ANCILLARIES	2	0		8,820.31	.00	.000			630.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.(.00
ALL OTHER INPATIENT	0	0		.00	.00	.000			.00
CO HOSP OUTPATIENT TOTAL	10	41		1,015.63	24.77	2.929			72.55
MEDICAL	10	4		369.97	92.49	.286			26.43
SURGERY	1	1		37.10	37.10	.200			2.65
	1	18				1.286			
PATHOLOGY	3			199.08	11.06				14.22
RADIOLOGY	3	3		202.07	67.36	.214	67.3		14.43
ROOM USE	4	5		127.10	25.42	.357			9.08
CROSSOVERS/ALL OTH OUTPTNT	2	10		80.31	8.03	.714	40.1		5.74
	MEDI-CAL SERVICES AND		LES MO	N'I'H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002		PAGE 15,935
MOP024	FEE-FOR-SERVICE/DENTA								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F	OR 32 MN -	SOC	- FAMILIES AID CO	DE 5R 6R 37				

----- MONTHLY AVERAGE -----14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 912.21 \$ 26.83 2.429 \$ 130.32 \$ 65.16 34 \$ @COMMUNITY HOSPITAL TOTAL .00 COMM HOSP INPATIENT TOTAL 0 HSC HOSPITALS 0 0 0 NON-HSC HOSPITALS TOTAL 0 .00 ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	34		912.21		26.83	2.429		130.32		65.16
MEDICAL	1	1		17.41		17.41	.071		17.41		1.24
SURGERY	3	6		211.61		35.27	.429		70.54		15.12
PATHOLOGY	2	4		54.29		13.57	.286		27.15		3.88
RADIOLOGY	4	8		150.83		18.85	.571		37.71		10.77
ROOM USE	3	7		400.38		57.20	.500		133.46		28.60
CROSSOVERS/ALL OTH OUTPINT	4	8		77.69		9.71	.571		19.42		5.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000	·	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
ICF DDH	0	0	7	.00	-T	.00	.000	7	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-T	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	405.38	\$	50.67	.571	Ś	135.13	Ś	28.96
PATHOLOGY	3	8	Υ	405.38	Υ	50.67	.571	۲	135.13	7	28.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	9	Ś	659.96	Ś	73.33	.643	Ś	109.99	Ś	47.14
CLINIC	0	0	٧	.00	Y	.00	.000	٧	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	9		659.96		73.33	.643		109.99		47.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	IDEC MC					DEC		D7	AGE 15,936
MOP024	FEE-FOR-SERVICE/DENTAL	ס ד ד תואה די	TALL OUTL	MIII OR EWILIDINI V	VIII OKI	LOIX OAN	2002 IIINU	טייע	2002	r r	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	3.2 MM	- SOC	- FAMILIES AID C	ODF 5	B 6B 37					01/11/03
INTINITI COUNTI	DOLLINIC OF DELLATORS FOR	22 14IN	500	FAMILIES AID C	,טטט	1/ 01/ 3/	λ.	(ONTITUE	א משעע איייי	CE	

----- MONTHLY AVERAGE -----

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	5 \$	1,846.61	\$ 369.32	.357	615.54	\$ 131.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	1,822.10	911.05	.143	1822.10	130.15
AMBULANCES/AIR TRANS	1	1	22.10	22.10	.071	22.10	1.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.071	1800.00	128.57
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.68	7.34	.143	14.68	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.071	9.83	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 30.53	\$ 15.27	.143	\$ 15.27	\$ 2.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,937 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MOI	NTHLY AVERA	GE
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	594 \$	52,917.27	\$ 89.09	12.122	\$ 622.56	\$ 1079.94
@PHYSICIANS SERVICES	22	62 \$	3,188.63	\$ 51.43	1.265	\$ 144.94	\$ 65.07
OUTPATIENT VISITS	2	3	284.34	94.78	.061	142.17	5.80
OFFICE VISITS	2	3	284.34	94.78	.061	142.17	5.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	10	437.11	43.71	.204	145.70	8.92
HOSPITAL VISITS	3	10	437.11	43.71	.204	145.70	8.92
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	234.18	234.18	.020	234.18	4.78
PRINCIPAL SURGEON	1	1	234.18	234.18	.020	234.18	4.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	23	1,788.72	77.77	.469	357.74	36.50
PRINCIPAL SURGEON	5	9	1,599.30	177.70	.184	319.86	32.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14	189.42	13.53	.286	189.42	3.87
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	6	9		117.96		13.11	.184		19.66		2.41
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9	16		326.32		20.40	.327		36.26		6.66
@PHARMACY	36	126	\$	7,173.34	\$	56.93	2.571	\$	199.26	\$	146.39
PRESCRIPTION DRUGS	33	98		6,105.88		62.30	2.000		185.03		124.61
SNF/ICF	4	27		177.87		6.59	.551		44.47		3.63
OUTPATIENTS	29	71		5,928.01		83.49	1.449		204.41		120.98
MEDICAL SUPPLIES	10	28		1,067.46		38.12	.571		106.75		21.78
@DENTIST	2	10	\$	664.02	\$	66.40	.204	\$	332.01	\$	13.55
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	2	5		.00		.00	.102		.00		.00
DRUGS	1	1		.00		.00	.020		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.041		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		664.02		332.01	.041		664.02		13.55
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 15,938
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	33 ME1	DICALLY NEEDY	- SOC							
							M	ONTF	HLY AVERA	GE -	

						MON	IUTI AAFVA	JE
49 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	3	11	\$	243.97	\$ 22.18	.224 \$	81.32	\$ 4.98
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.041	47.45	1.94

	_	_								
EYE APPLIANCES	3	9		149.07	16.56	.184		49.69		3.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
	0	0	Ċ				Ċ		Ċ	
@HOME HEALTH AGENCY			\$.00	\$.00	.000	\$.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	22	104	\$	16,867.21	\$ 162.18	2.122	\$	766.69	\$	344.23
HOSP INPATIENT TOTAL	5	16		14,350.19	896.89	.327		2870.04		292.86
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8		13,320.31	1665.04	.163		6660.16		271.84
ACCOMMODATIONS	2	8		4,500.00	562.50	.163		2250.00		91.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
	2	8								
ALL OTHER ACCOM	2			4,500.00	562.50	.163		2250.00		91.84
ANCILLARIES	2	0		8,820.31	.00	.000		4410.16		180.01
INPATIENT CROSSOVERS	3	8		1,029.88	128.74	.163		343.29		21.02
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18	88		2,517.02	28.60	1.796		139.83		51.37
MEDICAL	5	5		387.38	77.48	.102		77.48		7.91
SURGERY	4	7		248.71	35.53	.143		62.18		5.08
PATHOLOGY	5	22		253.37	11.52	.449		50.67		5.17
RADIOLOGY	7	11		352.90	32.08	.224		50.41		7.20
ROOM USE	7	12		527.48	43.96	.245		75.35		10.76
CROSSOVERS/ALL OTH OUTPINT	7	31		747.18	24.10	.633		106.74		15.25
@COUNTY HOSPITAL TOTAL	11	49	\$	14,335.94	\$ 292.57	1.000	ċ	1303.27	ċ	292.57
_	2	8	۲	13,320.31	1665.04		۲	6660.16	۲	271.84
CO HOSPITAL INPATIENT TOTAL		0		•		.163				
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	8		13,320.31	1665.04	.163		6660.16		271.84
ACCOMMODATIONS	2	8		4,500.00	562.50	.163		2250.00		91.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	8		4,500.00	562.50	.163		2250.00		91.84
ANCILLARIES	2	0		8,820.31	.00	.000		4410.16		180.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	41		1,015.63	24.77	.837		101.56		20.73
MEDICAL	4	4		369.97	92.49	.082		92.49		7.55
SURGERY	1	1		37.10	37.10	.020		37.10		.76
PATHOLOGY	3	18		199.08	11.06	.367		66.36		4.06
	ა ი									
RADIOLOGY	3	3		202.07	67.36	.061		67.36		4.12
ROOM USE	4	5		127.10	25.42	.102		31.78		2.59
CROSSOVERS/ALL OTH OUTPTNT		10		80.31	8.03	.204		40.16		1.64
	MEDI-CAL SERVICES AND E	EXPENDITURE	ES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC	2002	P.	AGE 15,939
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	R 33 MEDIC	CALLY	NEEDY - SOC						
						N	ייינא רא	עדע אזייםא	CF -	

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	55	\$	2,531.27	\$	46.02	1.122		230.12		51.66
COMM HOSP INPATIENT TOTAL	3	8	т	1,029.88	т.	128.74	.163	-	343.29	7	21.02
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	8		1,029.88		128.74	.163		343.29		21.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	47		1,501.39		31.94	.959		187.67		30.64
MEDICAL	1	1		17.41		17.41	.020		17.41		.36
SURGERY	3	6		211.61		35.27	.122		70.54		4.32
PATHOLOGY	2	4		54.29		13.57	.082		27.15		1.11
RADIOLOGY	4	8		150.83		18.85	.163		37.71		3.08
ROOM USE	3	7		400.38		57.20	.143		133.46		8.17
CROSSOVERS/ALL OTH OUTPINT	5	21		666.87		31.76	.429		133.37		13.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	133	\$	20,246.19	\$	152.23	2.714	\$	6748.73	\$	413.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	133		20,246.19		152.23	2.714		6748.73		413.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	0	0 16	\$.00	\$.00	.000	ċ	.00	ċ	.00
	4	16	Ş	458.21 458.21	Ą	28.64 28.64	.327	\$	114.55 114.55	\$	9.35 9.35
PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,153.87	\$	76.92		\$	115.39	\$	23.55
CLINIC CLINIC	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
SURGICENTER	2	3		339.28		113.09	.061		169.64		6.92
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	12				67.88					16.62
#CALIF DEPT OF HEALTH SERV			RES MO	OT4.35 ONTH-OF-PAYMENT R						P	AGE 15,940
MOP024	FEE-FOR-SERVICE		KLDO IIC		.DI OI	1 1010 01110 2	1002 11110	DLC	2002		01/17/03
TRINITY COUNTY		VICES FOR 33 MED	TCAT.T.S	NEEDY - SOC							01/1//03
IIIIIIII GOONII	DOIMMIN OF BEIN	TODO TON 33 NDD	1011111	NULDI 000			M	пио	HLY AVERA	GE	
49 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE						
		OR DAYS OF CAR				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	12		\$	2,921.83					243.49		
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	2	2	630.01	315	.01	.041	315.01	12.86
MEDICAL TRANSPORTATION	3	102	2,127.52	20	.86	2.082	709.17	43.42
AMBULANCES/AIR TRANS	1	1	22.10	22	2.10	.020	22.10	.45
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	3	101	2,105.42	20	.85	2.061	701.81	42.97
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	4	9	99.42	11	05	.184	24.86	2.03
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9	.83	.020	9.83	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	55.05	18	3.35	.061	27.53	1.12
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	16	137	\$ 2,533.09	\$ 18	3.49	2.796	\$ 158.32	\$ 51.70

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,941
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

		THLY AVERA	GE				
386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	337	14,332 \$	1,828,480.49	\$ 127.58	37.130 \$	5425.76	\$ 4737.00
@PHYSICIANS SERVICES	46	74 \$	918.29	\$ 12.41	.192 \$	19.96	\$ 2.38
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	46	74			918.29		12.41	.192		19.96		2.38
@PHARMACY	206	4,080	\$	86	,437.08	\$	21.19	10.570	\$	419.60	\$	223.93
PRESCRIPTION DRUGS	206	1,761			,742.71		48.69	4.562		416.23		222.13
SNF/ICF	206	1,737			,159.43		50.18	4.500		423.10		225.80
OUTPATIENTS	0	24		1	,416.72CE	3	59.03CR	.062		.00		3.67CR
MEDICAL SUPPLIES	3	2,319			694.37		.30	6.008		231.46		1.80
@DENTIST	6	17	\$		280.00	\$	16.47	.044	\$	46.67	\$.73
VISITS - DIAGNOSTIC	6	16			235.00		14.69	.041		39.17		.61
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1			45.00		45.00	.003		45.00		.12
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES MON	1TH-OF-P	AYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	AGE 15,942
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	34 MN	- LTNG	- AGED			AID CO					
206 81 1618186	HORDO INTEGO	- C	~=		DIMILDEG			N		HLY AVERA		

						Mo	ГИC	HLY AVERA	GE.	
386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	15	\$ 391.98	\$	26.13	.039	\$	78.40	\$	1.02
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.008		47.45		.37
EYE APPLIANCES	4	12	202.18		16.85	.031		50.55		.52
OTHER OPTOMETRIC SERVICES	1	0	47.45		.00	.000		47.45		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	6	7	\$ 44.05	\$	6.29	.018	\$	7.34	\$.11
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	6	7	44.05		6.29	.018		7.34		.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	23	\$ 2,057.29	\$	89.45	.060	\$	257.16	\$	5.33
HOSP INPATIENT TOTAL	4	15	1,758.82		117.25	.039		439.71		4.56
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	15	1,758.82	117.25	.039	439.71	4.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	298.47	37.31	.021	74.62	.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	8	298.47	37.31	.021	74.62	.77
@COUNTY HOSPITAL TOTAL	5	20 \$	1,793.97	\$ 89.70	.052 \$	358.79 \$	4.65
CO HOSPITAL INPATIENT TOTAL	3	15	1,758.82	117.25	.039	586.27	4.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	15	1,758.82	117.25	.039	586.27	4.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	35.15	7.03	.013	17.58	.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 2 5 35.15 7.03 .013 17.58 .09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,943 MOP024 FEE-FOR-SERVICE/DENTAL

MOFUZ4	FEE-FOR-SERVIC											01/1//03
TRINITY COUNTY	SUMMARY OF SER	VICES FOR	34 MN	- LTNG	- AGED		AID CO					
								M			.GE	
386 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS (R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		3	\$	263.32	\$	87.77	.008	\$	87.77	\$.68
COMM HOSP INPATIENT TOTAL	1		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		3		263.32		87.77	.008		131.66		.68
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		3		263.32		87.77	.008		131.66		.68
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	7	.00	4	.00	.000	7	.00	7	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	315	9	,833	\$	1,731,621.36	\$	176.10	25.474	\$	5497.21	Ś	4486.07
LEV A-INTERMEDIATE	0	,	0	Τ	.00	т	.00	.000	т	.00	т	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1		3		1,644.90		548.30	.008		1644.90		4.26
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	314	a	,830		1,729,976.46		175.99	25.466		5509.48		4481.80
@INTERMEDIATE CARE FACILDD	0	<i>J</i>	0	\$.00	\$.00	.000	Ś	.00	Ċ	.00
ICF DDH	0		0	Ÿ	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0		0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	ş	.00	ş	.00	.000	Ą	.00	Ą	
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
	1		1	\$	6.58	\$	6.58	.003	Ś	6.58	Ś	.02
@LABORATORY FACILITY PATHOLOGY	1		0	Ş	.00	Ą	.00	.003	Ş	.00	Þ	.02
	1		-									
XO AND OTHERS			1	ċ	6.58	Ċ	6.58	.003	ċ	6.58	ċ	.02
@ORGANIZED OUTPATIENT CLINIC	10		18	\$	1,382.31	\$	76.80	.047	\$		\$	3.58
CLINIC	•		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10		18		1,382.31		76.80	.047		138.23	_	3.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED 01/17/03

PAGE 15,944

01/17/03

					MOI	NTHLY AVERA	GE
386 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	264 \$	5,341.55	\$ 20.23	.684	\$ 232.24	\$ 13.84
DURABLE MED. EQUIP.	5	23	2,693.41	117.10	.060	538.68	6.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	585.36	146.34	.010	292.68	1.52
MEDICAL TRANSPORTATION	7	219	985.55	4.50	.567	140.79	2.55
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	201	839.43	4.18	.521	139.91	2.17
OTHER SERVICES	4	18	146.12	8.12	.047	36.53	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	129.18	12.92	.026	25.84	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.013	536.40	1.39
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	411.65	137.22	.008	137.22	1.07
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	90	2,426 \$	40,806.50	\$ 16.82	6.285	\$ 453.41	\$ 105.72
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION ITEM ON	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPROP:	RIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE DE	TAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU D	EC 2002	PAGE 15,945
MOP024	FEE-FOR-SERVICE/DEN						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 35 MN - LTNG	- BLIND	AID CC			
					MOI	A CLUSTA AS TIMEA	CE

				 		. – –		
						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		
ANESTHESIOLOGIST	Ü	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL SUPPLIES	0	•	.00	.00	.000	.00	.00
@DENTIST	U	0 \$.00	\$.00	.000 \$		•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0					
ORTHODONTIC SERVICES	· ·	•	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 15,946
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 35 MN - LTNO	G - BLIND	AID CO	ODE		
					MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000		\$.00
-	0	0 \$					
VISITS	U	U	.00	.00	.000	.00	.00

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

OTHER

NURSE MIDNIFE 0 0 \$.00													
FAMILY NURSE FRACTITIONER		0		-									
MOSP INFATENT TOTAL		0		0	\$			\$.00				
HOSE INPATIENT TOTAL	FAMILY NURSE PRACTITIONER	0		0	\$			\$.00	.000	•		.00
HSC HOSPITALS	@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	.00	\$.00
NON-HISC HOSPITAL TOTAL	HOSP INPATIENT TOTAL	0		0			.00		.00	.000	.00		.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0		0			.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARRE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000	.00		.00
TRANSITIONAL IF CARE ALC OTHER ACCOM ALC OTHER THORAGE O O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	0		0			.00		.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	ADMINISTRATIVE DAYS	0		0			.00		.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 0.00 .00 .000 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0		0			.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0		0			.00		.00	.000			.00
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0		0			.00		.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0		0			.00		.00	.000	.00		.00
HOSP CUTPATIENT TOTAL		0		0									
MEDICAL SURGERY O O O O O O O O O O O O O		0		0									
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
PATHOLOGY		0		0									
RADIOLOCY ROOM USE O O O O O O O O O O O O O O O O O O O		0		0									
ROOM USE		0		0									
CROSSOVERS/ALL OTH OUTPTNT		0		0									
COUNTY HOSPITAL TOTAL		0		-									
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · ·	0		•	Ś			Ś				Ś	
HSC HOSPITALS 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0		0	Τ			т			•	т	
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
ACCOMMODATIONS 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0		0									
ADMINISTRATIVE DAYS 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0		0									
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
INPATIENT CROSSOVERS		0		0									
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
MEDICAL 0 0 .00 <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0		0									
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0		0									
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0		0									
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,947 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND OU ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		0		0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,947 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE		0		0									
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER			C AND EVDI		C MONT							DAC	
TRINITY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				FNDIIOKE	TO MONI	.n-Or-FAIMEN	NI VI	FLOKI LOP	COAN 2	LUUZ INKU DI	EC 2002	PAC	
MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				35 MN -	TTNC -	BITND			ATD CC	שחב			01/11/03
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	TIVINIII COONII	SOURTHING OF SERVI	CEO FOR .	20 LIIV -	- מעזדת	חאדוות			WID CC		ιπμιν Διπον	CF	
	OO ELTCIBLES	IICEBC	IINTTS OF S	SERVICE		EXPENDITUIE	SE.S	AMERACE	· COST				
	00 11101110	00110				T.71 TIVD I I OI	0						

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM 0 .00 .00 .00 .00 ANCILLARIES .000 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

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 0 0 0 0 SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,948 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

ININIII COONII	SOUTHWILL OF SELV	AICES FOR	22 14114	штиб	מאדתם	VII	D CODE		
							MC	ONTHLY AVERA	AGE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	OST UNITS/DAYS	S COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/	DAY PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00		.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00
Q → MOMATO IN MURCE IINEC ADE	CITTENI AC A CEDA	DAME TATEODA	AT THE T	TEM ONT	7.7.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,949 MOP024 FEE-FOR-SERVICE/DENTAL
'Y SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED 01/17/03

TRINITY COUNTY AID CODE

							MC	INC	HLY AVERA	GE	
16 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER UN	IT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18	598	\$	41,105.60	\$ 6	8.74	37.375	\$	2283.64	\$	2569.10
@PHYSICIANS SERVICES	5	36	\$	163.99	\$	4.56	2.250	\$	32.80	\$	10.25
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OMILED OURDAMIENE	0	0	.00	0.0	.000	.00	.00
OTHER OUTPATIENT		· ·		.00			
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		
ASSISTANT SURGEON	•	0		.00		.00	.00
ANESTHESIOLOGIST	0	U	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5						
OTHER SERVICES/ALL X-OVERS		36	163.99	4.56	2.250	32.80	10.25
@PHARMACY	15	95 \$	2,956.82		5.938 \$		
PRESCRIPTION DRUGS	15	93	2,847.18	30.61	5.813	189.81	177.95
SNF/ICF	14	78	2 , 963.09	37.99	4.875	211.65	185.19
OUTPATIENTS	1	15	115.91CR	7.73CR	.938	115.91CR	7.24CR
MEDICAL SUPPLIES	2	2	109.64	54.82	.125	54.82	6.85
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0					
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITURES MON					PAGE 15,950
MOP024	FEE-FOR-SERVICE		III OF TATREMI NE	TORT FOR OAN 2	.002 IIIKO DEC	2002	01/17/03
		ICES FOR 36 MN - LTNG	DICADIED	7 TD . CC	NDE.		01/1//03
TRINITY COUNTY	SUMMARY OF SERV.	ICES FOR 36 MM - LING	- DISABLED	AID CC			
16					MONT		
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2 \$	11.60	\$ 5.80	.125 \$	5.80 \$.73
GIODIVIVIOI	∠	۷ ۲	11.00	7 3.00	• T Z J	۶.٥٥ ۶	. 13

MEDICINE/INJECTIONS	0	0	.00		.00 .0	00	.00		.00
SURGERY/ANES.	0	0	.00			00	.00		.00
RADIO./PATHOLOGY	0	0	.00			00	.00		.00
OTHER	2	2	11.60			25	5.80		.73
@HOME HEALTH AGENCY	0	0 \$.00			00 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00			00 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00			00 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00			00 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00			00 \$		\$.00
@TOTAL HOSPITAL	2	35 \$	799.96	\$ 22			399.98	\$	50.00
HOSP INPATIENT TOTAL	1	31	792.00	25			792.00	·	49.50
HSC HOSPITALS	0	0	.00			00	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00			00	.00		.00
ACCOMMODATIONS	0	0	.00			00	.00		.00
ADMINISTRATIVE DAYS	0	0	.00			00	.00		.00
TRANSITIONAL IP CARE	0	0	.00			00	.00		.00
ALL OTHER ACCOM	0	0	.00			00	.00		.00
ANCILLARIES	0	0	.00			00	.00		.00
INPATIENT CROSSOVERS	1	31	792.00	25			792.00		49.50
ALL OTHER INPATIENT	0	0	.00			00	.00		.00
HOSP OUTPATIENT TOTAL	2	4	7.96			50	3.98		.50
MEDICAL	0	0	.00			00	.00		.00
SURGERY	0	0	.00			00	.00		.00
PATHOLOGY	0	0	.00			00	.00		.00
RADIOLOGY	0	0	.00			00	.00		.00
ROOM USE	0	0	.00			00	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	7.96			50	3.98		.50
@COUNTY HOSPITAL TOTAL	0	0 \$.00			00 \$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•		00	.00	т	.00
HSC HOSPITALS	0	0	.00			00	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00			00	.00		.00
ACCOMMODATIONS	0	0	.00			00	.00		.00
ADMINISTRATIVE DAYS	0	0	.00			00	.00		.00
TRANSITIONAL IP CARE	0	0	.00			00	.00		.00
ALL OTHER ACCOM	0	0	.00			00	.00		.00
ANCILLARIES	0	0	.00			00	.00		.00
INPATIENT CROSSOVERS	0	0	.00			00	.00		.00
ALL OTHER INPATIENT	0	0	.00			00	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00			00	.00		.00
MEDICAL	0	0	.00			00	.00		.00
SURGERY	0	0	.00			00	.00		.00
PATHOLOGY	0	0	.00			00	.00		.00
RADIOLOGY	0	0	.00			00	.00		.00
ROOM USE	0	0	.00			00	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00			00	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO						P.	AGE 15,951
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	Ā	AID CODE				
						- MON'	THLY AVERA	GE -	
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/	DAYS	COST PER	(COST PER
		OR DAYS OF CARE			C/DAY PER E		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	35 \$	799.96			88 \$	399.98	\$	50.00
COMM HOSP INPATIENT TOTAL	1	31	792.00	25	.55 1.9	38	792.00		49.50
HSC HOSPITALS	0	0	.00			00	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00			00	.00		.00
A CCOMMODA TITONS	^	0	0.0			0.0	0.0		0.0

ACCOMMODATIONS

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	31		792.00		25.55	1.938		792.00		49.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	4		7.96		1.99	.250		3.98		.50
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	Δ		7.96		1.99	.250		3.98		.50
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	12	•	÷		Ċ			Ċ		Ċ	
@NURSING FACILITY	0	364	\$	36,366.94	\$	99.91	22.750	\$	3030.58	\$	2272.93
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	364		36,366.94		99.91	22.750		3030.58		2272.93
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	31.36	\$	15.68	.125	Ś	31.36	Ś	1.96
	1	2	Ş		Ą			Þ		Ş	
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		31.36		15.68	.125		31.36		1.96
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 15,952
MOP024	FEE-FOR-SERVICE										01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 36 MN	- LTNG	- DISABLED		AID CO	ODE				
							M		HLY AVERA	GE	
16 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	. UNIT/DAY	PER ELIC	3	USER		ELIGIBLE

@ALL OTHER PROVIDERS 64 \$ 774.93 \$ 12.11 4.000 \$ 129.16 \$ 48.43 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 62 729.71 11.77 182.43 45.61 MEDICAL TRANSPORTATION 3.875 0 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 3 48 489.72 10.20 3.000 163.24 30.61 OTHER TRANS OTHER SERVICES 14 239.99 17.14 15.00 .875 120.00 ACUPUNCTURE .00 .00 .000 .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	45.22	22.61	.125	22.61	2.83
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	58	\$ 2,377.26	\$ 40.99	3.625	\$ 264.14	\$ 148.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,953
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	Ś	- 0.0	Ś	. 00	. 000	\$.00	Ś	. 00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	'	.00	.00	.000	.00	'	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	·	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEG	C 2002	PA	GE 15,954
MOP024	FEE-FOR-SERVICE								01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 37 MN	- LTNG	- FAMILIES	DISCON'	TIN			
						MON'	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@OPTOMETRIST	0		\$.00	\$.00	.000 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

TVE ADDITANCES	0	٥		0.0	0.0	0.00	0.0	0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0				.000	.00	
ROOM USE	0	0		.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	\$.00	.00	.000		
@COUNTY HOSPITAL TOTAL	0	0	Ş	.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	•	· ·		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	•	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MONTH	I-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 15,955
MOP024	FEE-FOR-SERVICE							01/17/03
TRINITY COUNTY	SUMMARY OF SERV	/ICES FOR 37 MN -	LTNG -	FAMILIES	DISCO			
						MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
INPATIENT CROSSOVERS	0	0				.00					
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	ċ	.00	ċ		.000	\$.00	\$.00
-	0	0	\$		\$.00		Ą		Ş	
ICF DDH	0			.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					.00
			ES MO								
MOP024	FEE-FOR-SERVICE/			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CDI OICI	1010 01110 2	002 111110		2002		01/17/03
TRINITY COUNTY	SUMMARY OF SERVI		T TINC	C _ FAMILIES		DISCOME	TNI				01/1//03
ININIII COONII	SOMMARI OF SERVI	CES FOR S7 MM	штис	FAMILIES			M	ONIT!	מוע אוודסאו	CF _	
00 ELIGIBLES	USERS	IINITUS OE SEDUTOR		EADEMULUIDEG	7\ 7.777						
AA ETIGIDTED	CALCO	UNITS OF SERVICE		FVLFND110KF2							
OALL OBUILD DDOUTEDS	^	OR DAYS OF CARE		2.2		UNIT/DAY					
@ALL OTHER PROVIDERS	0	0	Þ	.00	\$.00	.000			Þ	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,957
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

----- MONTHLY AVERAGE -----402 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 14,930 1,869,586.09 \$ 125.22 37.139 \$ 5266.44 \$ 4650.71 @TOTAL, ALL PROVIDERS 51 110 1,082.28 9.84 21.22 \$ @PHYSICIANS SERVICES \$ \$.274 \$ 2.69 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	51	110		1,082.28		9.84	.274		21.22	2.69
@PHARMACY	221	4,175	\$	89,393.90	\$	21.41	10.386	\$	404.50 \$	222.37
PRESCRIPTION DRUGS	221	1,854		88,589.89		47.78	4.612		400.86	220.37
SNF/ICF	220	1,815		90,122.52		49.65	4.515		409.65	224.19
OUTPATIENTS	1	39		1,532.63CR		39.30CR	.097		1532.63CR	3.81CR
MEDICAL SUPPLIES	5	2,321		804.01		.35	5.774		160.80	2.00
@DENTIST	6	17	\$	280.00	\$	16.47	.042	\$	46.67 \$.70
VISITS - DIAGNOSTIC	6	16		235.00		14.69	.040		39.17	.58
ORAL SURGERY	0	0		.00		.00	.000		.00	.00
DRUGS	0	0		.00		.00	.000		.00	.00
ANESTHESIA	0	0		.00		.00	.000		.00	.00
PERIODONTICS	0	0		.00		.00	.000		.00	.00
ENDODONTICS	0	0		.00		.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
DENTURES, STAYPLATES	1	1		45.00		45.00	.002		45.00	.11
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-C	F-PAYMENT REF	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE 15,958
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/17/03

TRINITY COUNTY	SUMMARY OF SERVICE	ES FOR 38 MEDI	CALLY	Y NEEDY - LTNG			M		UIV AUEDA	CE	
402 ELIGIBLES	USERS U	NITS OF SERVICE	7	EXPENDITURES	ZVE	RACE COST	UNITS/DAY			UGE	COST PER
102 EDIGIDDES		OR DAYS OF CARE		EXTENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	15	\$	391.98	\$	26.13	.037		78.40	Ś	.98
DIAGNOSTIC AND ANC. PROCED	3	3	Ψ	142.35	т	47.45	.007	Τ.	47.45	т	.35
EYE APPLIANCES	4	12		202.18		16.85	.030		50.55		.50
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	Ő	٧	.00	۲	.00	.000	Υ	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	9	\$	55.65	\$	6.18	.022	Ś	6.96	\$.14
MEDICINE/INJECTIONS	0	0	٧	.00	۲	.00	.000	Υ	.00	٧	.00
SURGERY/ANES.	0	Ő		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	8	9		55.65		6.18	.022		6.96		.14
@HOME HEALTH AGENCY	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	58	Ś	2 , 857.25	Ś	49.26	.144		285.73	Ś	7.11
HOSP INPATIENT TOTAL	5	46	٧	2,550.82	۲	55.45	.114	Υ	510.16	٧	6.35
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	46		2,550.82		55.45	.114		510.16		6.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	12		306.43		25.54	.030		51.07		.76
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ő		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	6	12		306.43		25.54	.030		51.07		.76
@COUNTY HOSPITAL TOTAL	5	20	\$	1,793.97	\$	89.70	.050	Ś	358.79	\$	4.46
CO HOSPITAL INPATIENT TOTAL	3	15	Ψ	1,758.82	т	117.25	.037	Τ.	586.27	т	4.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ő		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	15		1,758.82		117.25	.037		586.27		4.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		35.15		7.03	.012		17.58		.09
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
1,0011 000	•	O		.00		• • •	.000		. 0 0		. 00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

11(11(111 0001(11	00111111111 01 01111	. 1020 1010 00 12210					N	тиом	HLY AVERA	GE	
402 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	RAGE COST	UNITS/DAY		COST PER	LOLI	COST PER
102 111011110	ODLING	OR DAYS OF CARE		DIN DINDITORDO			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		\$	1,063.28		27.98	.095		212.66	Ś	2.64
COMM HOSP INPATIENT TOTAL	2	31	Υ	792.00		25.55	.077	۲	396.00	۲	1.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	31		792.00		25.55	.077		396.00		1.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	7		271.28		38.75	.017		67.82		.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	0	0		.00)	.00	.000		.00		.00
ROOM USE	0	0		.00	1	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	7		271.28	1	38.75	.017		67.82		.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000		.00		.00
@NURSING FACILITY	327	10,197	Ś	1,767,988.30		173.38	25.366	\$	5406.69	Ś	4397.98
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	3		1,644.90		548.30	.007		1644.90		4.09
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	326	10,194		1,766,343.40		173.27	25.358		5418.23		4393.89
@INTERMEDIATE CARE FACILDD	0		\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	7	.00		.00	.000	Ÿ	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDM/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	· · · · · · · · · · · · · · · · · · ·	\$.00		.00	.000	Ś	.00	\$.00
	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	•	\$					\$		ċ	
@REHABILITATION FACILITY	0	0	P	.00		.00	.000	Þ	.00	\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		\$	6.58		6.58	.002	\$	6.58	\$.02
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		6.58		6.58	.002		6.58		.02
@ORGANIZED OUTPATIENT CLINIC	11		\$	1,413.67		70.68	.050	\$	128.52	\$	3.52
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	20		1,413.67		70.68	.050		128.52		3.52
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON	TH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 15,960
MOP024	FEE-FOR-SERVICE	•									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	JICES FOR 38 MEDIC	ALLY	NEEDY - LTNG							

A02 ELIGIBLES	402 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	MITERACE COCH	COST PER	COST PER
QALL OTHER PROVIDERS 29 328 \$ 6,116.48 \$ 18.65 .816 \$ 210.91 \$ 15.22 DURABLE MED. EQUIP. 5 23 2,693.41 117.10 .057 538.68 6.70 BLOOD BANK 0 0 .00	402 ELIGIBLES			FVLFNDIIOKFS			
DURABLE MED. EQUIP. 5 23 2,693.41 117.10 .057 538.68 6.70 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 2 4 585.36 146.34 .010 292.68 1.46 MEDICAL TRANSPORTATION 11 281 1,715.26 6.10 .699 155.93 4.27 AMBULANCES/AIR TRANS 0 0 .0	ANTI OTHER RROWINERS			6 116 48			
BLOOD BANK 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .			•	•	•		•
HEARING AID DISPENSERS 2 4 585.36 146.34 .010 292.68 1.46 MEDICAL TRANSPORTATION 11 281 1,715.26 6.10 .699 155.93 4.27 AMBULANCES/AIR TRANS 0 0 0 .00 .00 .00 .00 .00 .00 OTHER TRANS 9 249 1,329.15 5.34 .619 147.68 3.31 OTHER SERVICES 6 32 386.11 12.07 .080 64.35 .96 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 129.18 12.92 .025 25.84 .32 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00				,			
MEDICAL TRANSPORTATION 11 281 1,715.26 6.10 .699 155.93 4.27 AMBULANCES/AIR TRANS 0 0 .00		2	4				
AMBULANCES/AIR TRANS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		11	281				
OTHER TRANS 9 249 1,329.15 5.34 .619 147.68 3.31 OTHER SERVICES 6 32 386.11 12.07 .080 64.35 .96 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 OPTICIAN 5 10 129.18 12.92 .025 25.84 .32 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00				•			
OTHER SERVICES 6 32 386.11 12.07 .080 64.35 .96 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 OPTICIAN 5 10 129.18 12.92 .025 25.84 .32 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00		9					
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		6					
ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0					
GENETIC DISEASE TESTING 0 0 .00<		0	0				
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 <		0	0				
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 OPTICIAN 5 10 129.18 12.92 .025 25.84 .32 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00		0	0				
OPTICIAN 5 10 129.18 12.92 .025 25.84 .32 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00		0	0				
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00		5	10				
		0	0				
		0	0				
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00 .00 .00		0	0				
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00		0	0				
ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00		0	0				
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00		0	0				
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00		0	0				
HOSPICE SERVICES 1 5 536.40 107.28 .012 536.40 1.33		1	5				
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00		0	0				
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00		0	0				
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00		0	0				
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00		0	0				
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00		0	0				
ALL OTHER PROVIDERS 5 5 456.87 91.37 .012 91.37 1.14		5	5				
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00		0					
@XOVER EXCLUDING STATE HOSP** 99 2,484 \$ 43,183.76 \$ 17.38 6.179 \$ 436.20 \$ 107.42	-	99					
0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;	-					 	,
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.							

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,961 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

							MC	NTHLY AVERA	GE.	
1,266 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,042	18,895	\$	2,095,517.62	\$	110.90	14.925	\$ 2011.05	\$	1655.23
@PHYSICIANS SERVICES	187	451	\$	6,250.59	\$	13.86	.356	\$ 33.43	\$	4.94
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	187	451		6,250.59		13.86	.356		33.43		4.94
@PHARMACY	812	6,516	\$	251,472.23	\$	38.59	5.147	\$	309.69	\$	198.64
PRESCRIPTION DRUGS	807	4,078		246,090.21		60.35	3.221		304.94		194.38
SNF/ICF	214	1,850		91,232.16		49.31	1.461		426.32		72.06
OUTPATIENTS	593	2,228		154,858.05		69.51	1.760		261.14		122.32
MEDICAL SUPPLIES	32	2,438		5,382.02		2.21	1.926		168.19		4.25
@DENTIST	32	103	\$	5,227.75	\$	50.75	.081	\$	163.37	\$	4.13
VISITS - DIAGNOSTIC	22	51		897.00		17.59	.040		40.77		.71
ORAL SURGERY	5	25		555.00		22.20	.020		111.00		. 44
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	13		1,182.00		90.92	.010		168.86		.93
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	10	14		2,593.75		185.27	.011		259.38		2.05
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 15,962
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	R 39 MED	ICAL	LY NEEDY - AGED							

----- MONTHLY AVERAGE -----1,266 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 21 60 \$ 1,308.06 21.80 .047 \$ 62.29 \$ 1.03 DIAGNOSTIC AND ANC. PROCED 8 8 379.60 47.45 .006 47.45 .30 EYE APPLIANCES 18 50 862.74 17.25 .039 47.93 .68 65.72 32.86 32.86 .05 OTHER OPTOMETRIC SERVICES .002 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 0 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 10 196.96 14.07 @PODIATRIST 14 .011 \$ 19.70 .16 MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 0 .00 SURGERY/ANES. 0 .00 .00 .000 .00 0 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 196.96 OTHER 10 14 14.07 .011 19.70 .16 \$ @HOME HEALTH AGENCY 0 0 .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	64	355	\$ 18,454.89	\$ 51.99	.280	\$ 288.36	\$ 14.58
HOSP INPATIENT TOTAL	19	76	10,395.95	136.79	.060	547.16	8.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	76	10,395.95	136.79	.060	547.16	8.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	279	8,058.94	28.89	.220	171.47	6.37
MEDICAL	2	2	149.35	74.68	.002	74.68	.12
SURGERY	1	1	.00	.00	.001	.00	.00
PATHOLOGY	2	27	181.92	6.74	.021	90.96	.14
RADIOLOGY	1	2	278.83	139.42	.002	278.83	.22
ROOM USE	2	4	49.47	12.37	.003	24.74	.04
CROSSOVERS/ALL OTH OUTPTNT	47	243	7,399.37	30.45	.192	157.43	5.84
@COUNTY HOSPITAL TOTAL	22	106	\$ 5 , 574.76	\$ 52.59	.084	\$ 253.40	\$ 4.40
CO HOSPITAL INPATIENT TOTAL	7	27	3,989.07	147.74	.021	569.87	3.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	27	3,989.07	147.74	.021	569.87	3.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	15	79	1,585.69	20.07	.062	105.71	1.25
MEDICAL	1	1	149.35	149.35	.001	149.35	.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	23	181.92	7.91	.018	181.92	.14
RADIOLOGY	1	2	278.83	139.42	.002	278.83	.22
ROOM USE	1	1	49.47	49.47	.001	49.47	.04
CROSSOVERS/ALL OTH OUTPINT	15	52	926.12	17.81	.041	61.74	.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 15,963
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 39 MEDICAL	LLY NEEDY - AGED				

TRINITY COUNTY	SUMMARY OF SER	VICES FOR 39 MED	CALLY	NEEDY - AGED							
							M	TNO	HLY AVERA	GE	
1,266 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PE:	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	249	\$	12,880.13	\$	51.73	.197	\$	306.67	\$	10.17
COMM HOSP INPATIENT TOTAL	12	49		6,406.88		130.75	.039		533.91		5.06
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	49		6,406.88		130.75	.039		533.91		5.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	32	200		6,473.25		32.37	.158		202.29		5.11
MEDICAL	1	1		.00		.00	.001		.00		.00
SURGERY	1	1		.00		.00	.001		.00		.00
PATHOLOGY	1	4		.00		.00	.003		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		.00		.00	.002		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	32	191		6,473.25		33.89	.151		202.29		5.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	323	10,118	\$	1,782,824.46	\$	176.20	7.992	Ś	5519.58	Ś	1408.23
LEV A-INTERMEDIATE	0		'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	3		1,644.90		548.30	.002		1644.90		1.30
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	322	10,115		1,781,179.56		176.09	7.990		5531.61		1406.93
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Ψ	.00	Ψ.	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	S	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ċ	.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	85.67	\$	14.28	.005	Ċ	14.28	Ś	.07
PATHOLOGY	1	1	Ÿ	60.25	Y	60.25	.001	Y	60.25	Y	.05
XO AND OTHERS	Τ	5		25.42		5.08	.001		5.08		.02
@ORGANIZED OUTPATIENT CLINIC	118	202	\$	12,198.37	\$	60.39	.160	ς	103.38	\$	9.64
CLINIC CLINIC	110	0	Y	.00	Y	.00	.000	4	.00	۲	.00
CHIMIC	U	0		.00		.00	.000		.00		.00

SURGICENTER 4 5 732.92 146.58 .004 183.23 .58
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 114 197 11,465.45 58.20 .156 100.57 9.06
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,964
MOPO24 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----

					MON	THLY AVERAG	E
1,266 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	163	1,070 \$	17,498.64	\$ 16.35	.845 \$	107.35	\$ 13.82
DURABLE MED. EQUIP.	5	23	2,693.41	117.10	.018	538.68	2.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	13	3,533.02	271.77	.010	392.56	2.79
MEDICAL TRANSPORTATION	26	642	2,974.59	4.63	.507	114.41	2.35
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	249	1,294.23	5.20	.197	184.89	1.02
OTHER SERVICES	22	393	1,680.36	4.28	.310	76.38	1.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	53	644.38	12.16	.042	28.02	.51
PHYSICAL THERAPIST	2	5	26.09	5.22	.004	13.05	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	7	170.60	24.37	.006	56.87	.13
PROSTHETICS	3	7	170.60	24.37	.006	56.87	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.004	536.40	.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	322	6,920.15	21.49	.254	68.52	5.47
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	347	3,790 \$	70,867.04	\$ 18.70	2.994 \$	204.23	\$ 55.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,965 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

IIIIIIII OOONII	DOINING OF DELC	VIOLO IOIC IO III		II IVIIIDI DIIIVD					
						MON	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00	
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000	.00		.00
INPATIENT VISITS	0	0			.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000	.00		.00
CRITICAL CARE	0	0			.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000	.00		.00
	0	0									.00
EXAMINATIONS SERVICES AND MATERIALS	0	0			.00		.00	.000	.00		.00
	0	0					.00				
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000	.00		.00
PRINCIPAL SURGEON	•	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	U	0			.00		.00	.000	.00		.00
OUTPATIENT SURGERY	U	0			.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000	.00		.00
DIALYSIS	0	0			.00		.00	.000	.00		.00
PATHOLOGY	0	0			.00		.00	.000	.00		.00
RADIOLOGY	0	0			.00		.00	.000	.00		.00
PSYCHIATRY	0	0			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000	.00		.00
SNF/ICF	0	0			.00		.00	.000	.00		.00
OUTPATIENTS	0	0			.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000	.00		.00
ORAL SURGERY	0	0			.00		.00	.000	.00		.00
DRUGS	0	0			.00		.00	.000	.00		.00
ANESTHESIA	0	0			.00		.00	.000	.00		.00
PERIODONTICS	0	0			.00		.00	.000	.00		.00
ENDODONTICS	0	0			.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES M	MONTH-OF-PA	YMENT RE	PORT	FOR JAN 20	02 THRU	DEC 2002	PAG	GE 15,966
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R 40 MEDI	ICALL	LY NEEDY -	BLIND						

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 0 .00 .00 .00 .00 .00 \$.00 \$.000 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 15,967
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICAL	LA NEEDA - BLIND		14017		C.T.
00 51 5055 50					MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
QCOMMINITELY HOCKETS TOWN	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

.00

.00

.000

.00

.00

0

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-E	PAYMENT RE	EPORT E	FOR JAN	2002 THRU D	EC 2002	PAC	GE 15,968
MOP024	FEE-FOR-SERVICE/DENTA	AL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES I	FOR 40 MEDICA	ALLY NEEDY -	- BLIND						

----- MONTHLY AVERAGE -----

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 \$.00 .000 \$.00 \$.00 .00 .00 .00 .000 DURABLE MED. EQUIP. Ω Ω .00 .00 .00 BLOOD BANK .00 0 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS Ω .00 .00 .00 .00 OTHER TRANS .00 OTHER SERVICES .00 .00 .00 .00 ACUPUNCTURE .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 GENETIC DISEASE TESTING .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 . 00 .00 .00 .00 OPTICIAN .00 PHYSICAL THERAPIST .00 .00 .00 PORTABLE X-RAY .00 0 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 PROSTHETICS .00 .00 .00 .00 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 0 .00 RESPIRATORY CARE PRACT. .00 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 \$ @CALIF. CHILDREN SERVICES* .00 \$. 00 0 .00 \$ @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 \$. 00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,969 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED TRINITY COUNTY

							M	DIN.T.	HLY AVERA	GE:	
668 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	555	9,990	\$	416,507.57	\$	41.69	14.955	\$	750.46	\$	623.51
@PHYSICIANS SERVICES	151	848	\$	18,834.42	\$	22.21	1.269	\$	124.73	\$	28.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	36	73		2,470.13		33.84	.109		68.61		3.70
OFFICE VISITS	33	64		2,131.65		33.31	.096		64.60		3.19
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		108.08		108.08	.001		108.08		.16
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	7	8		230.40		28.80	.012		32.91		.34
INPATIENT VISITS	5	15		660.70		44.05	.022		132.14		.99
HOSPITAL VISITS	5	15		660.70		44.05	.022		132.14		.99
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00 .00 3,159.11 2,596.04		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	19		3,159.11		166.27	.028		631.82		4.73
PRINCIPAL SURGEON	4	5		2,596.04		519.21	.007		649.01		3.89
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		563.07		40.22	.021		281.54		.84
OUTPATIENT SURGERY	7	14 19		1,407.92		74.10	.028		201.13		2.11
PRINCIPAL SURGEON	5	8		1,139.90		142.49	.012		227.98		1.71
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	11		268.02		24.37	.016		134.01		.40
DIALYSIS	0 2 7 5 0 2 0 0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	18	32		1,360.48		42.52	.048		75.58		2.04
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.55		5.55	.001		5.55		.01
OTHER SERVICES/ALL X-OVERS	109	689		9,770.53		14.18	1.031		89.64		14.63
@ PHARMACY	463	4,475	\$,	\$	57.77	6.699	\$	558.35	\$	387.00
PRESCRIPTION DRUGS	456 24 434 56	2,434		247,540.48		101.70	3.644		542.85		370.57
SNF/ICF	24	144		6,037.63		41.93	.216		251.57		9.04
OUTPATIENTS	434	2,290		241,502.85		105.46	3.428		556.46		361.53
MEDICAL SUPPLIES	56	2,041		10,977.69		5.38	3.055		196.03		16.43
@DENTIST	54	200	\$	11,893.02	\$	59.47	.299	\$	220.24	\$	17.80
VISITS - DIAGNOSTIC	32	78		1,586.00		20.33	.117		49.56		2.37
ORAL SURGERY	14	56		2,524.00		45.07	.084		180.29		3.78
DRUGS	54 32 14 1 1	3		45.00		15.00	.004		45.00		.07
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.15
PERIODONTICS	1	1		200.00		200.00	.001		200.00		.30
ENDODONTICS	2	5		1,190.00		238.00	.007		595.00		1.78
RESTORATIVE DENTISTRY	13	28		2,439.00		87.11	.042		187.62		3.65
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.04
DENTURES, STAYPLATES	8	27		3,779.02		139.96	.040		472.38		5.66
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	1 2002 THRU	DEC	2002	Р	AGE 15,970
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
TRANSPORTED COUNTY	CIIMMADV OF CEDUTOES	FOD //1 MED	TCNTTV	MEEDV - DICABIE	\Box						

TRINITY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

						MON	ITHLY AVERA	GE
668 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	56	\$	1,206.46	\$ 21.54	.084 \$	67.03	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	9	9		427.05	47.45	.013	47.45	.64

EYE APPLIANCES	17	47		779.41		16.58	.070		45.85		1.17
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	45.44	\$	11.36	.006	\$	11.36	\$.07
MEDICINE/INJECTIONS	0	0		.00	·	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		45.44		11.36	.006		11.36		.07
	2		Ċ		Ċ			Ċ		ċ	
@HOME HEALTH AGENCY	0		\$	2,081.73	\$	69.39	.045	\$	693.91		3.12
NURSE ANESTHESIST	g .	-	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	•	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	87	787	\$	45,961.32	\$	58.40	1.178	\$	528.29	\$	68.80
HOSP INPATIENT TOTAL	16	124		35,915.04		289.64	.186		2244.69		53.77
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	7		28,124.80		4017.83	.010		7031.20		42.10
ACCOMMODATIONS	3	7		4,087.00		583.86	.010		1362.33		6.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Õ		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	7		4,087.00		583.86	.010		1362.33		6.12
	4	0				.00	.000		6009.45		35.98
ANCILLARIES	12			24,037.80							
INPATIENT CROSSOVERS		117		7,790.24		66.58	.175		649.19		11.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	77	663		10,046.28		15.15	.993		130.47		15.04
MEDICAL	9	18		699.29		38.85	.027		77.70		1.05
SURGERY	5	7		473.56		67.65	.010		94.71		.71
PATHOLOGY	21	355		2,795.96		7.88	.531		133.14		4.19
RADIOLOGY	8	12		1,184.44		98.70	.018		148.06		1.77
ROOM USE	16	33		1,726.44		52.32	.049		107.90		2.58
CROSSOVERS/ALL OTH OUTPINT	60	238		3,166.59		13.31	.356		52.78		4.74
@COUNTY HOSPITAL TOTAL	48		\$	17,700.54	\$	35.12	.754	\$	368.76	Ś	26.50
CO HOSPITAL INPATIENT TOTAL	5	13	т	10,580.93	- T	813.92	.019	- 1	2116.19	7	15.84
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	2		8,164.93		4082.47	.003		4082.47		12.22
	1	2		1,065.00		532.50	.003		1065.00		1.59
ACCOMMODATIONS	0	0		•							
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,065.00		532.50	.003		1065.00		1.59
ANCILLARIES	2	0		7,099.93		.00	.000		3549.97		10.63
INPATIENT CROSSOVERS	3	11		2,416.00		219.64	.016		805.33		3.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	45	491		7,119.61		14.50	.735		158.21		10.66
MEDICAL	5	7		468.14		66.88	.010		93.63		.70
SURGERY	3	5		305.65		61.13	.007		101.88		.46
PATHOLOGY	21	345		2,689.85		7.80	.516		128.09		4.03
RADIOLOGY	6	9		893.40		99.27	.013		148.90		1.34
ROOM USE	11	23		1,288.29		56.01	.034		117.12		1.93
CROSSOVERS/ALL OTH OUTPINT	28	102		1,474.28		14.45	.153		52.65		2.21
	MEDI-CAL SERVICES AND		с момпи с					DEC		ת כז	
			P MONIU-C	AT - EWINDNI K	THE OK!	L LOV OWN 7(JUZ INKU	חהר	2002	PA	GE 15,971
MOP024	FEE-FOR-SERVICE/DENTAL		A T T 1/ 3:000	D	ı.D						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	K 41 MEDIC	ALLY NEEL	DI - DISABLE	תי			«∩»ım	מדע אוויים א	CE	
						_	N	יויואור זוז	u v v v v v v v		

		OR DAYS OF CAR	Ξ.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	283	\$	28,260.78	\$	99.86	.424	\$	614.36	\$	42.31
COMM HOSP INPATIENT TOTAL	11	111		25,334.11		228.24	.166		2303.10		37.93
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	5		19,959.87		3991.97 604.40	.007		9979.94		29.88
ACCOMMODATIONS	2	5		3,022.00		604.40	.007		1511.00		4.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 5		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2			3,022.00		604.40	.007		1511.00		4.52
ANCILLARIES	2	0		16,937.87		.00	.000		8468.94		25.36
INPATIENT CROSSOVERS	9	106		5,374.24		.00 .00 50.70	.159		597.14		8.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	39	172		2 , 926.67		17.02	.257		75.04		4.38
MEDICAL	4	11		231.15		21.01	.016		57.79		.35
SURGERY	2	2		167.91		83.96	.003		83.96		.25
PATHOLOGY	1	10		106.11		10.61	.015		106.11		.16
RADIOLOGY	3	3		291.04		97.01	.004		97.01		.44
ROOM USE	8	10		438.15		43.82	.015		54.77		.66
CROSSOVERS/ALL OTH OUTPTNT	32	136		1,692.31		12.44	.204		52.88		2.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	407	\$		\$	102.18		\$	2970.38	\$	62.25
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 14	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	407				102.18	.609		2970.38		62.25
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	4	5 0	\$	•	\$	685.13	.007	Ş	856.41	Ş	5.13
HOSPITAL BASED	U	•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5 4	<u> </u>	3,425.63	<u> </u>	685.13	.007	<u> </u>	856.41	<u> </u>	5.13
@REHABILITATION FACILITY	2		\$	84.76	\$	21.19	.006	Ş	42.38	Ş	.13
HOSPITAL BASED	2	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	21	4	Ċ	84.76	Ċ	21.19	.006	ċ	42.38	Ċ	.13
@LABORATORY FACILITY	21 19	100 96	\$	2,011.96	\$	20.12 20.85	.150	Þ		Ş	3.01 3.00
PATHOLOGY	2	96 4		2,001.13 10.83		20.85	.144		105.32 5.42		.02
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	113	207	\$	11,082.90	\$	53.54	.310	ċ	98.08	Ċ	16.59
CLINIC CLINIC	1	1	Ą	10.00	Ą	10.00	.001	۲	10.00	ې	.01
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	112	206		11,072.90					98.87		16.58
			OFC MC	ONTH-OF-PAYMENT RE						D	AGE 15,972
MOP024	FEE-FOR-SERVICE		VED M	ONTH OF FAIMENT RE	11 01(1	I FOR UAN 2	.002 11110		. 2002	r	01/17/03
TRINITY COUNTY			rcat.t.s	NEEDY - DISABLEI)						01/1//05
ININIII COONII	DOMPIANT OF DERV	ICES FOR 41 MED.	LCALLI	NEEDI DISABIEL	_		M	ONT	HIY AVERA	GE	
668 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVF						COST PER
000 221012	00110	OR DAYS OF CAR		2111 211011101110		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	91	2,867		19,776.46	\$				217.32		29.61
DURABLE MED. EQUIP.	9	22	т	9,319.53	٠٢	423.62	.033	7	1035.50	т	13.95
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	Č .	ű		. 3 0					• 0 0		• • • •

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	528	2,458.15	4.66	.790	175.58	3.68
AMBULANCES/AIR TRANS	1	76	384.45	5.06	.114	384.45	.58
OTHER TRANS	3	48	489.72	10.20	.072	163.24	.73
OTHER SERVICES	11	404	1,583.98	3.92	.605	144.00	2.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	466.69	10.61	.066	24.56	.70
PHYSICAL THERAPIST	6	25	292.75	11.71	.037	48.79	.44
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	751.02	250.34	.004	375.51	1.12
PROSTHETICS	2	3	751.02	250.34	.004	375.51	1.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.003	3.34	.01
HOSPICE SERVICES	0	0	80.29	.00	.000	.00	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	85	1,001.66	11.78	.127	333.89	1.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	50	2,158	5,403.03	2.50	3.231	108.06	8.09
@CALIF. CHILDREN SERVICES*	7	29	\$ 7,714.97	\$ 266.03	.043	\$ 1102.14	\$ 11.55
@XOVER EXCLUDING STATE HOSP**	172	1,976	\$ 34,524.20	\$ 17.47	2.958	\$ 200.72	\$ 51.68

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $^{^{\}star\star}$ These data are included in the appropriate detail lines above.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,973 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024

## STATE OF THE CONTROL OF THE CONTR	TRINITY COUNTY	SUMMARY OF SER	VICES FOR 42 MEDICALLY	Y NEEDY - FAMILIES	5			2.5
COUNTAL_ALL PROVIDERS	O E40 ELICIPIES	HCEDC	INTEG OF CEDUTOR	EADENDIMIDEO	ATTERACE COCH			
## COTAL, ALL PROVIDERS	8,349 ELIGIBLES	USEKS		EXPENDITURES				
PRINTEGRAMS SERVICES 1,348 3,993 5 168,127.77 \$ 42.11 .467 \$ 124.72 5 19.67 OUPFAITENT VISITS 97.0 1.287 48,68.88 3.73.56 .151 52.84 5.62 OPFICE VISITS 87.7 1,077 33,101.32 35.88 .128 46.07 51.50 4.46 2.00	ATOTAL ALL DROVEDERS	1 210		1 500 907 92				
OFFICE VISITS 910 1.297 45,005.03 37.30 1.31 52.04 5.62 OFFICE VISITS 920 1.077 33,200.32 37.30 1.31 52.04 5.62 OFFICE VISITS 920 1.077 33,200.32 37.30 1.30 1.20 1.00 BEMERGERCY NOOM 56 62 2,884.07 46.52 .007 51.50 1.34 DEVENUTIVE CARE 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 OR VISITS/COMPRE PERT 46 133 6,598.72 49.61 .016 143.45 7.77 OTHER OUTPATIENT 12 1.5 52 52.75 52.3 5 36.999.30 \$ 61.02 6.66 5 14.13 3.03 OTHER SENTING 12 1.6 52 7.75 52.3 5 36.999.30 \$ 61.02 6.66 5 14.13 3.03 OTHER OUTPATIENT 12 1.5 52 7.75 52.3 5 36.999.30 \$ 61.02 6.66 5 14.13 1.00 6.70 7.00 7.00 7.00 7.00 7.00 7.00 7	ADDIVETED ALL PROVIDERS	4,240 1 3/19						
DREVENTITY CARRE 90 0 0 0 0 00 00 00 00 00 00 00 00 00 0	OURDANTENE VICES	1,340						
DREVENTITY CARE O O O O O O O O O O O O O O O O O O	OUTPATIENT VISITS	910						
DREVENTITY CARE O O O O O O O O O O O O O O O O O O	OFFICE VISITS	827						
DREVENTITY CARE O O O O O O O O O O O O O O O O O O	HOME VISITS	0						
ON VISITS/COMPRE PERI	EMERGENCY ROOM	56		•				
INPATIENT VISITES	PREVENTIVE CARE	0						
INPATIENT VISITES	OB VISITS/COMPRE PERI	46						
HOSETTAL VISITES		12						
CRITICAL CARE 6 27 859.08 31.82 .003 143.18 .10 OPHTHALMOLOGICAL SERVICES 10 12 465.99 38.83 .001 46.00 .05 EXAMINATIONS 10 12 465.99 38.83 .001 46.00 .05 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT VISITS							
SNF/ICF/TRANS IP CARE	HOSPITAL VISITS		254	11,986.34	47.19	.030	184.41	1.40
EXAMINATIONS	CRITICAL CARE	7		6,739.86	132.15	.006	962.84	.79
EXAMINATIONS	SNF/ICF/TRANS IP CARE	6	27	859.08	31.82	.003	143.18	.10
EXAMINATIONS	OPHTHALMOLOGICAL SERVICES	10	12	465.99		.001	46.60	.05
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		10	12	465.99		.001	46.60	.05
NAME STATE								
PRINCIPAL SURGEON 66 6 6 990.10 165.02 .001 165.02 .01								
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PRESCRIPTION DRUGS 2,246 5,411 328,316.39 60.68 .633 146.18 38.40 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER SERVICES/ALL X-OVERS		701					
PRESCRIPTION DRUGS 2,246 5,411 328,316.39 60.68 .633 146.18 38.40 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ PHARMACY	2 , 257	5 , 523 \$	336,999.30	\$ 61.02			\$ 39.42
OUTPATIENTS 2,246 5,411 328,316.39 60.68 .633 146.18 38.40 MEDICAL SUPPLIES 53 112 8,682.91 77.53 .013 163.83 1.02 @DENTIST 532 1,951 \$ 87,111.00 \$ 44.65 .228 \$ 163.74 \$ 10.19 VISITS - DIAGNOSTIC 370 1,088 19,502.00 17.92 .127 52.71 2.28 ORAL SURGERY 80 199 12,233.00 61.47 .023 152.91 1.43 DRUGS 8 16 210.00 13.13 .002 26.25 .02 ANESTHESIA 13 13 13 1,000 .00 .00 .00 .00 .15 PERIODONTICS 32 52 9,822.00 188.88 .006 306.94 1.15 RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 .00 .00	PRESCRIPTION DRUGS	2,246	5,411	328,316.39	60.68	.633	146.18	38.40
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	SNF/ICF	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	OUTPATIENTS	2,246	5,411	328,316.39	60.68	.633	146.18	38.40
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	MEDICAL SUPPLIES	53				.013	163.83	1.02
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	@DENTIST	532	1,951 \$.228 \$	163.74	\$ 10.19
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VISITS - DIAGNOSTIC	370						
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	ORAL SURGERY	80						
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	DRIGS	8						
RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	ΔΝΕΩΨΗΕΩΙΔ	13						
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RESTORATIVE DENTISTRY 208 519 35,045.00 67.52 .061 168.49 4.10 PROSTHETICS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	FERIODONITICS	2.2						
PROSTHETICS 0 0 .00								
DENTURES, STAYPLATES 17 44 5,538.00 125.86 .005 325.76 .65 SPACE MAINTAINERS 4 4 621.00 155.25 .000 155.25 .07 MAXILLOFACIAL SERVICES 1 1 1 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,974				•				
SPACE MAINTAINERS 4 4 621.00 155.25 .000 155.25 .07 MAXILLOFACIAL SERVICES 1 1 .00 .00 .000 .00								
MAXILLOFACIAL SERVICES 1 1 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .000 .00 <td></td> <td>Τ /</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>		Τ /		•				
FRACTURES, DISLOCATIONS 0 0 .00<		4	4					
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1	1					
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	•	0	O					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,974	ORTHODONTIC SERVICES	•	· ·					
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				NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	

01/17/03

FEE-FOR-SERVICE/DENTAL

IRINIII COONII	SUMMAKI OF SEK	ICES FOR 42 ME	DICALLI	NEEDI - FAMILIES	ı	MO	ארטייני אניייני	CE	
0 540 BLIGIBLES	HOEDO	INITEC OF CERTIF	O.D.		717D7 CD CCC		NTHLY AVERA	UGE	
8,549 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CA			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	127	370	\$	8,423.82	\$ 22.77	.043		\$.99
DIAGNOSTIC AND ANC. PROCED	96	97		4,336.41	44.71	.011	45.17		.51
EYE APPLIANCES	100	273		4,087.41	14.97	.032	40.87		.48
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	6	6	\$	100.32	\$ 16.72	.001		Ś	.01
VISITS	6	6	4	100.32	16.72	.001	16.72	-	.01
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	0	5	\$					~	
@PODIATRIST	3	2	Ş	192.02		.001		Þ	.02
MEDICINE/INJECTIONS	2			54.78	27.39	.000	27.39		.01
SURGERY/ANES.	O	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30		.00
OTHER	1	2		119.94	59.97	.000	119.94		.01
@HOME HEALTH AGENCY	12	28	\$	1,596.34	\$ 57.01	.003	\$ 133.03	\$.19
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$	49.30	\$ 49.30	.000	\$ 49.30	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	1,262	5,079	¢		\$ 113.97	.594		\$	67.71
HOSP INPATIENT TOTAL	63	253	Ÿ	417,803.30	1651.40	.030	6631.80	Y	48.87
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00		1.17
NON-HSC HOSPITAL TOTAL	62	244		407,786.30	1671.26	.029	6577.20		47.70
ACCOMMODATIONS	61	244		102,276.29	419.17	.029	1676.66		11.96
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	61	244		102,276.29	419.17	.029	1676.66		11.96
ANCILLARIES	62	0		305,510.01	.00	.000	4927.58		35.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,233	4,826		161,072.25	33.38	.565	130.63		18.84
MEDICAL	664	947		38,680.44	40.85	.111	58.25		4.52
SURGERY	155	214		11,051.01	51.64	.025	71.30		1.29
PATHOLOGY	483	1,507		17,220.16	11.43	.176	35.65		2.01
	324	438							
RADIOLOGY				29,662.95	67.72	.051	91.55		3.47
ROOM USE	487	698		33,019.34	47.31	.082	67.80		3.86
CROSSOVERS/ALL OTH OUTPTNT	354	1,022	_	31,438.35	30.76	.120	88.81	_	3.68
@COUNTY HOSPITAL TOTAL	976	3,378	\$,	\$ 63.45	.395		Ş	25.07
CO HOSPITAL INPATIENT TOTAL	25	60		115,376.96	1922.95	.007	4615.08		13.50
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	25	60		115,376.96	1922.95	.007	4615.08		13.50
ACCOMMODATIONS	25	60		28,607.25	476.79	.007	1144.29		3.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	25	60		28,607.25	476.79	.007	1144.29		3.35
ANCILLARIES	25	0		86,769.71	.00	.000	3470.79		10.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		.00
ALL OTHER INPATIENT					.00	.000			
CO HOSP OUTPATIENT TOTAL	965	3,318		98,967.16	29.83	.388	102.56		11.58
MEDICAL	606	852		34,062.33	39.98	.100	56.21		3.98
SURGERY	112	156		7,894.95	50.61	.018	70.49		.92
PATHOLOGY	389	1,125		12,706.70	11.29	.132	32.67		1.49
RADIOLOGY	227	296		17 , 935.84	60.59	.035	79.01		2.10
ROOM USE	328	400		18,504.53	46.26	.047	56.42		2.16

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

TRINITY COUNTY	SUMMARY OF SERVI	ICES FOR 42 MEDIC	-АЬЬХ	NEEDI - FAMILIES			40 N T I		C.D.	
8,549 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			HLY AVERA COST PER		COST PER
0,349 ELIGIBLES	USERS			EXPENDITORES						
@COMMUNITY HOSPITAL TOTAL	331	OR DAYS OF CARE 1,701	\$	364,531.43	PER UNIT/DAY \$ 214.30	.199		USER 1101.30		ELIGIBLE 42.64
COMM HOSP INPATIENT TOTAL	38	1,701	Ş	302,426.34	1566.98	.023	Ş	7958.59	Ą	35.38
HSC HOSPITALS	30 1	193		10,017.00	1113.00	.023		10017.00		1.17
NON-HSC HOSPITALS TOTAL	37	184		292,409.34	1589.18	.022		7902.96		34.20
ACCOMMODATIONS	36	184		73,669.04	400.38	.022		2046.36		8.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	36	184		73,669.04	400.38	.022		2046.36		8.62
ALL OTHER ACCOM ANCILLARIES	37	0		218,740.30	.00	.000		5911.90		25.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	305	1,508		62,105.09	41.18	.176		203.62		7.26
MEDICAL MEDICAL	66	95		4,618.11	48.61	.011		69.97		.54
SURGERY	45	58		3,156.06	54.41	.007		70.13		.37
PATHOLOGY	107	382		4,513.46	11.82	.045		42.18		.53
RADIOLOGY	101	142		11,727.11	82.59	.017		116.11		1.37
ROOM USE	170	298		14,514.81	48.71	.035		85.38		1.70
CROSSOVERS/ALL OTH OUTPTNT	134	533		23,575.54	44.23	.062		175.94		2.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.002	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	5	197	\$	109,178.43	\$ 554.21	.023	Ś		\$	12.77
LEV A-INTERMEDIATE	0	0	Υ	.00	.00	.000	Ψ.	.00	7	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90	552.97	.023		21787.18		12.74
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		242.53	.00	.000		.00		.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	.00	.000	7	.00	т.	.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	373	1,142	\$	26,729.85	\$ 23.41	.134	\$	71.66	\$	3.13
PATHOLOGY	373	1,142		26,729.85	23.41	.134		71.66		3.13
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	924	1,642	\$	147,672.67	\$ 89.93	.192	\$	159.82	\$	17.27
CLINIC	100	343		9,429.70	27.49	.040		94.30		1.10
SURGICENTER	1	10		243.41	24.34	.001		243.41		.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	837	1,289		137,999.56	107.06	.151		164.87		16.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU	DEC	2002	P	AGE 15,976
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	ICES FOR 42 MEDIC	CALLY	NEEDY - FAMILIES	S					

## 8,549 ELIGIBLES USER							MON	THLY AVERA	.GE -	
CALID OTHER PROVIDERS	8,549 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES				(COST PER
DURABLE MED. EQUIP.			OR DAYS OF CARE				PER ELIG			
BLOOD BANK	@ALL OTHER PROVIDERS	341	5 , 177	\$	44,751.35	\$ 8.64	.606	131.24	\$	5.23
HEARING AID DISPENSERS	~				,					
MEDICAL TRANSPORTATION	BLOOD BANK						.000			
AMBULANCES/AIR TRANS	HEARING AID DISPENSERS									
OTHER TRANS OTHER SERVICES 8 39 12,261.52 314.40 .005 1532.69 1.43 ACDPUNCTURE 1 1 1 27.03 27.03 .000 27.03 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 25 .25 2,199.00 87.96 .003 87.96 .26 IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 90 190 1,760.68 9.27 .022 19.56 .21 PHYSICAL THERAPIST 35 415 5.882.67 14.18 .049 168.08 .69 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 SPSYCHOLOGIST 0 0 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICES SERVICES 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 12 3,051 1,426.18 .47 EPSDT SUPPLEMENTAL SERVICE 0 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 12 3,051 1,426.18 .47 EPSDT SUPPLEMENTAL SERVICE 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .00 .00 .00 .00 ACALL OTHER PROVIDERS 12 AS A SEPARATE INFORMATION TEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE D	MEDICAL TRANSPORTATION	45	1,030		24,631.71	23.91	.120	547.37		2.88
OTHER SERVICES 8 39 12,261.52 314.40 .005 1532.69 1.43 ACUPUNCTURE 1 1 1 27.03 27.03 .000 27.03 .000 GENETIC DISEASE TESTING 25 25 25 2,199.00 87.96 .003 87.96 .26 IHMC, MODEL-NF, NF, AIDS, MSSF 0 0 0 .00 .00 .000 .000 .000 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .000 .000 .00 OPTICIAN 90 190 1,760.68 9.27 .022 19.56 .21 PHYSICAL THERAPIST 35 415 5,882.67 14.18 .049 168.08 .69 FORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 108 415 4,907.75 11.83 .049 45.44 .57 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PESSIFIATORY CASE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	AMBULANCES/AIR TRANS		991		12,370.19	12.48	.116	294.53		1.45
ACUPUNCTURE 1 1 1 27.03 27.03 .000 27.03 .000 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .000 .000 .000 .000 .000 GENETIC DISEASE TESTING 25 25 25 2,199.00 87.96 .003 87.96 .26 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .000 .000 .000 .000 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .000 .000 .000 OPTICIAN 90 190 1,760.68 9.27 .022 19.56 .21 PHYSICAL THERAPIST 35 415 5.882.67 14.18 .049 168.08 .69 PORTABLE X-RAY 0 0 0 .00 .00 .00 .000 .000 .000 PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETIST/ORTHOTISTS 6 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 9 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .000 .000 .000 .00 SPEECH AND AUDIOLOGY 4 8 3344.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER TRANS	0	_		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.0	OTHER SERVICES	8	39		12,261.52	314.40	.005	1532.69		1.43
GENETIC DISEASE TESTING	ACUPUNCTURE	1	1		27.03	27.03	.000	27.03		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR				.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	GENETIC DISEASE TESTING	25	25		2,199.00	87.96	.003	87.96		.26
OPTICIAN 90 190 1,760.68 9.27 .022 19.56 .21 PHYSICAL THERAPIST 35 415 5,882.67 14.18 .049 168.08 .69 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PEPSOT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBGACUTE REHIAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 .357 118.85 .17 PECALIF. CHILDREN SERVICES* 8 45 91,362.12 \$2030.27 .005 \$11420.27 \$10.69 REVOVER EXCLUDING STATE HOSP** 22 484 \$4,551.76 \$9.40 .057 \$206.90 \$.53 Q* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **ATHESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **CALIF DEPT OF HEALTH SERV MOPO24 MOPO24 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOPO24 TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST 35 415 5,882.67 14.18 .049 168.08 .69 PORTABLE X-RAY 0 0 0 .00 .00 .00 .000 .000 .00 .00 PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BITRHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 108 415 4,907.75 11.83 .049 45.44 .57 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 .357 118.85 .17 ECALIFIC CHILDREN SERVICES* 8 45 \$ 91,362.12 \$ 2030.27 .005 \$ 11420.27 \$ 10.69 EXOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 E* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIFI DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOPO24 MOPO24 MEDI-CAL SERVICES FOR 43 MEDICALLY NEDDY ** THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIFI DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOPO24 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICE FOR 43 MEDICALLY NEDDY	OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY 0 0 0 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .00 .000 .000 .00 .00 .0	OPTICIAN	90	190		1,760.68	9.27	.022	19.56		.21
PROSTHETIST/ORTHOTISTS 15 24 2,417.39 100.72 .003 161.16 .28 PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 380.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 108 415 4,907.75 11.83 .049 45.44 .57 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	PHYSICAL THERAPIST	35	415		5,882.67	14.18	.049	168.08		.69
PROSTHETICS 6 12 1,984.73 165.39 .001 330.79 .23 ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
ORTHOTICS 9 12 432.66 36.06 .001 48.07 .05 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 4 8 384.42 48.05 .001 96.11 .04 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 108 415 4,907.75 11.83 .049 45.44 .57 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 1 12 3,051 1,426.18 .47 .357 118.85 .17 GCALIF. CHILDREN SERVICES* 8 45 \$ 91,362.12 \$ 2030.27 .005 \$ 11420.27 \$ 10.69 @XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ## CALIF DEPT OF HEALTH SERV MEDITAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOPO24 MEDITAL SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	PROSTHETIST/ORTHOTISTS	15	24		2,417.39	100.72	.003	161.16		.28
PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETICS	6			1,984.73	165.39	.001	330.79		.23
SPEECH AND AUDIOLOGY	ORTHOTICS	9	12		432.66	36.06	.001	48.07		.05
HOSPICE SERVICES	PSYCHOLOGIST	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SPEECH AND AUDIOLOGY	4	8		384.42	48.05	.001	96.11		.04
LOCAL EDUCATION AGENCIES 108 415 4,907.75 11.83 .049 45.44 .57 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .000 .000 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .000 .000 .000 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 .357 118.85 .17 @CALIF. CHILDREN SERVICES* 8 45 \$ 91,362.12 \$ 2030.27 .005 \$ 11420.27 \$ 10.69 @XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. **CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOPO24 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	108	415		4,907.75	11.83	.049	45.44		.57
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 12 3,051 1,426.18 .47 .357 118.85 .17 @CALIF. CHILDREN SERVICES* 8 45 \$ 91,362.12 \$ 2030.27 .005 \$ 11420.27 \$ 10.69 @XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS 12 3,051 1,426.18 45 91,362.12 \$2030.27 .005 \$11420.27 \$10.69 @XOVER EXCLUDING STATE HOSP** 22 484 \$4,551.76 \$9.40 .057 \$206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES* 8 45 \$ 91,362.12 \$ 2030.27 .005 \$ 11420.27 \$ 10.69 @XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
@XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .057 \$ 206.90 \$.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	ALL OTHER PROVIDERS	12	3,051		1,426.18	.47	.357	118.85		.17
<pre>@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY</pre> 01/17/03	@CALIF. CHILDREN SERVICES*	8	45	\$	91,362.12	\$ 2030.27	.005	11420.27	\$	10.69
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	@XOVER EXCLUDING STATE HOSP**	22	484	\$	4,551.76	\$ 9.40	.057	206.90	\$.53
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	0* TOTALS IN THESE LINES ARE (GIVEN AS A SEPAR	RATE INFORMATION IT	TEM ONLY;						
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,977 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	THE AMOUNTS ARE ALREADY INC	CLUDED IN THE A	PPROPRIATE DETAIL I	LINES ABOV	Ξ.					
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	** THESE DATA ARE INCLUDED IN	N THE APPROPRIAT	TE DETAIL LINES ABO	OVE.						
TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY		MEDI-CAL SERVIC	CES AND EXPENDITURE	ES MONTH-O	F-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PF	
			•							01/17/03
	TRINITY COUNTY	SUMMARY OF SERV	JICES FOR 43 MEDIC	CALLY NEED	Y					

----- MONTHLY AVERAGE -----10,483 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 688.08 \$ @TOTAL, ALL PROVIDERS 5,845 53,999 \$ 4,021,833.01 74.48 5.151 \$ 383.65 \$ @PHYSICIANS SERVICES 1,686 5,292 193,212.88 36.51 .505 \$ 114.60 \$ 18.43 OUTPATIENT VISITS 946 1,360 50,555.96 37.17 .130 53.44 4.82 860 35.26 46.78 OFFICE VISITS 1,141 40,231.97 .109 3.84 HOME VISITS 0 0 .000 .00 .00 .00 .00 57 63 EMERGENCY ROOM 2,992.15 47.49 .006 52.49 .29 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 6,598.72 .63 OB VISITS/COMPRE PERI 46 133 49.61 .013 143.45 OTHER OUTPATIENT 19 23 733.12 31.87 .002 38.59 .07 73 347 20,245.98 58.35 277.34 1.93 INPATIENT VISITS .033 70 1.21 269 47.02 .026 180.67 HOSPITAL VISITS 12,647.04 7 132.15 CRITICAL CARE 51 6,739.86 .005 962.84 .64 27 SNF/ICF/TRANS IP CARE 6 859.08 31.82 .003 143.18 .08 OPHTHALMOLOGICAL SERVICES 10 12 465.99 38.83 .001 46.60 .04

EXAMINATIONS	10	12	465.99	38.8	3 .001	46.6	0	.04
SERVICES AND MATERIALS	0	0	.00	.0	.000	.0	0	.00
INPATIENT HOSPITAL SURGERY	68	398	29,076.16	73.0	6 .038	427.5	9	2.77
PRINCIPAL SURGEON	50	56	24,242.01	432.8	9 .005	484.8	4	2.31
ASSISTANT SURGEON	6	6	990.10	165.0	2 .001	165.0	2	.09
ANESTHESIOLOGIST	18	336	3,844.05	11.4	4 .032	213.5	6	.37
OUTPATIENT SURGERY	134	385	31,920.20	82.9	1 .037	238.2	1	3.04
PRINCIPAL SURGEON	118	171	27,507.45	160.8	6 .016	233.1	1	2.62
ASSISTANT SURGEON	2	2	109.41	54.7	1 .000	54.7	1	.01
ANESTHESIOLOGIST	30	212	4,303.34	20.3	0 .020	143.4	4	.41
DIALYSIS	0	0	.00	.0	.000	.0	0	.00
PATHOLOGY	115	159	1,835.96	11.5	5 .015	15.9	6	.18
RADIOLOGY	426	698	27,568.04	39.5	0 .067	64.7	1	2.63
PSYCHIATRY	0	0	.00	.0	.000	.0	0	.00
IMMUNIZATION AND INJECTION	44	92	718.88	7.8	1 .009	16.3	4	.07
OTHER SERVICES/ALL X-OVERS	444	1,841	30,825.71	16.7	4 .176	69.4	3	2.94
@PHARMACY	3,532	16,514	\$ 846,989.70	\$ 51.2	9 1.575	\$ 239.8	0 \$	80.80
PRESCRIPTION DRUGS	3 , 509	11,923	821 , 947.08	68.9		234.2		78.41
SNF/ICF	238	1,994	97 , 269.79	48.7		408.7	0	9.28
OUTPATIENTS	3 , 273	9,929	724,677.29	72.9	9 .947	221.4	1	69.13
MEDICAL SUPPLIES	141	4,591	25,042.62	5.4		177.6	1	2.39
@DENTIST	618	2,254	\$ 104,231.77			\$ 168.6	6 \$	9.94
VISITS - DIAGNOSTIC	424	1,217	21,985.00	18.0		51.8	5	2.10
ORAL SURGERY	99	280	15,312.00	54.6		154.6	7	1.46
DRUGS	9	19	255.00	13.4		28.3		.02
ANESTHESIA	14	14	1,400.00	100.0	0 .001	100.0	0	.13
PERIODONTICS	16	16	3,040.00	190.0	0 .002	190.0	0	.29
ENDODONTICS	34	57	11,012.00	193.1	9 .005	323.8	8	1.05
RESTORATIVE DENTISTRY	228	560	38,666.00	69.0	5 .053	169.5	9	3.69
PROSTHETICS	1	1	30.00	30.0	.000	30.0	0	.00
DENTURES, STAYPLATES	35	85	11,910.77	140.1		340.3	1	1.14
SPACE MAINTAINERS	4	4	621.00	155.2	5 .000	155.2	5	.06

MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 15,978
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

----- MONTHLY AVERAGE -----10,483 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 166 486 10,938.34 \$ 22.51 .046 \$ 65.89 \$ 1.04 DIAGNOSTIC AND ANC. PROCED 113 114 5,143.06

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 .000 45.11 .011 45.51 . 49 EYE APPLIANCES 135 5,729.56 42.44 2 .000 OTHER OPTOMETRIC SERVICES 65.72 32.86 .01 6 \$ 6 0 100.32 \$ 16.72 .001 \$ 16.72 \$.01 @CHIROPRACTOR 100.32 .001 VISITS 16.72 .01 .00 OTHER SERVICES .00 .002 \$ 434.42 \$ 18.89 25.55 \$ @PODIATRIST 2 54.78 .000 27.39 .01 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. 1 20 58 \$ RADIO./PATHOLOGY 17.30 17.30 . 00 362.34 15 .03 OTHER 24.16 3,678.07 \$ 15 @HOME HEALTH AGENCY .006 \$ 245.20 \$ 0 NURSE ANESTHESIST .000 \$.00 \$.00 1 .000 \$ 49.30 .00 NURSE MIDWIFE .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$.00 0 \$ 6,221 \$ FAMILY NURSE PRACTITIONER Ο .000 \$.00 \$.00 1,413 1,413 6,221 7
98 453
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675 967 @TOTAL HOSPITAL .593 \$ 455.27 \$ 61.37 1024.53 1113.00 1736.70 HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL 10.15 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE 106,363.29 329,547.81 ALL OTHER ACCOM 10.15 31.44 ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 17.09 967 675 967 222 1,889 452 735 1,503 3,988 MEDICAL 3.77 161 SURGERY 1.10 1,889 452 735 PATHOLOGY 506 RADIOLOGY 2.97 505 ROOM USE CROSSOVERS/ALL OTH OUTPINT 1,046 .380 \$ 227.17 \$ @COUNTY HOSPITAL TOTAL 22.67 100 CO HOSPITAL INPATIENT TOTAL 37 12.40 0 HSC HOSPITALS 0 U 27 62 62 26 62 0 0 0 26 62 27 0 10 38 0 0 .00 NON-HSC HOSPITALS TOTAL 11.78 ACCOMMODATIONS 2.83 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 2.83 ANCILLARIES 8.95 INPATIENT CROSSOVERS .61 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	1,025	3,888	107,672.46	27.69	.371	105.05	10.27
MEDICAL	612	860	34,679.82	40.33	.082	56.67	3.31
SURGERY	115	161	8,200.60	50.94	.015	71.31	.78
PATHOLOGY	411	1,493	15,578.47	10.43	.142	37.90	1.49
RADIOLOGY	234	307	19,108.07	62.24	.029	81.66	1.82
ROOM USE	340	424	19,842.29	46.80	.040	58.36	1.89
CROSSOVERS/ALL OTH OUTPTNT	271	643	10,263.21	15.96	.061	37.87	.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 15,979
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICAL	LLY NEEDY				
					1401707		7.0

TRINITY COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALLY	NEEDY					
						MO1	ITHLY AVERA	GE	
10,483 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	419	2,233	\$	405,672.34	\$ 181.67	.213	968.19	\$	38.70
COMM HOSP INPATIENT TOTAL	61	353		334,167.33	946.65	.034	5478.15		31.88
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00		.96
NON-HSC HOSPITALS TOTAL	39	189		312,369.21	1652.75	.018	8009.47		29.80
ACCOMMODATIONS	38	189		76,691.04	405.77	.018	2018.19		7.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	38	189		76,691.04	405.77	.018	2018.19		7.32
ANCILLARIES	39	0		235,678.17	.00	.000	6043.03		22.48
INPATIENT CROSSOVERS	21	155		11,781.12	76.01	.015	561.01		1.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	376	1,880		71,505.01	38.03	.179	190.17		6.82
MEDICAL	71	107		4,849.26	45.32	.010	68.30		.46
SURGERY	48	61		3,323.97	54.49	.006	69.25		.32
PATHOLOGY	109	396		4,619.57	11.67	.038	42.38		.44
RADIOLOGY	104	145		12,018.15	82.88	.014	115.56		1.15
ROOM USE	179	311		14,952.96	48.08	.030	83.54		1.43
CROSSOVERS/ALL OTH OUTPINT	198	860		31,741.10	36.91	.082	160.31		3.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	·	.00	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	342	10,722	\$	1,933,588.19	\$ 180.34		5653.77	\$	184.45
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	·	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	6	200		110,580.80	552.90	.019	18430.13		10.55
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	336	10,522		1,823,007.39	173.26	1.004	5425.62		173.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		Ś	.00
ICF DDH	Ō	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$ 685.13	.000		\$.33
HOSPITAL BASED	0	0	'	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	4	5		3,425.63	685.13	.000	856.41		.33
@REHABILITATION FACILITY	2	5 4	\$	84.76	\$ 21.19	.000		Ś	.01
HOSPITAL BASED	0	0	т.	.00	.00	.000	.00	-	.00
INDEPENDENT FACILITY	2	4		84.76	21.19	.000	42.38		.01
@LABORATORY FACILITY	400	1,248	\$	28,827.48	\$ 23.10	.119		\$	2.75
PATHOLOGY	393	1,239	т	28,791.23	23.24	.118	73.26	~	2.75
XO AND OTHERS	7	9		36.25	4.03	.001	5.18		.00
@ORGANIZED OUTPATIENT CLINIC	1,155	2,051	\$	170,953.94	\$ 83.35	.196		Ś	16.31
CLINIC	101	344	т	9,439.70	27.44	.033	93.46	~	.90
	± 0 ±	311		2,133.70	- / • · ·	.000	55.10		• > 0

15 5 976.33 65.09 .001 195.27 .09 SURGICENTER 0 0 .00 .000 HEROIN DETOX CLINIC .00 .00 .00 1,063 1,692 160,537.91 94.88 .161 151.02 15.31 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,980 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

						MC	NTHLY AVERA	GE
10,483 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	595	9,114	\$	82,026.45	\$ 9.00	.869	\$ 137.86	\$ 7.82
DURABLE MED. EQUIP.	24	61		13,027.47	213.57	.006	542.81	1.24
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	15		3,633.01	242.20	.001	363.30	.35
MEDICAL TRANSPORTATION	85	2,200		30,064.45	13.67	.210	353.70	2.87
AMBULANCES/AIR TRANS	43	1,067		12,754.64	11.95	.102	296.62	1.22
OTHER TRANS	10	297		1,783.95	6.01	.028	178.40	.17
OTHER SERVICES	41	836		15,525.86	18.57	.080	378.68	1.48
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25		2,199.00	87.96	.002	87.96	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	132	287		2 , 871.75	10.01	.027	21.76	.27
PHYSICAL THERAPIST	43	445		6,201.51	13.94	.042	144.22	.59
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	34		3,339.01	98.21	.003	166.95	.32
PROSTHETICS	11	22		2,906.35	132.11	.002	264.21	.28
ORTHOTICS	9	12		432.66	36.06	.001	48.07	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10		387.76	38.78	.001	77.55	.04
HOSPICE SERVICES	1	5		616.69	123.34	.000	616.69	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	111	500		5,909.41	11.82	.048	53.24	.56
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	163	5 , 531		13,749.36	2.49	.528	84.35	1.31
@CALIF. CHILDREN SERVICES*	15	74	\$	99,077.09	\$ 1338.88	.007		\$ 9.45
@XOVER EXCLUDING STATE HOSP**	541	6 , 250	\$	109,943.00	\$ 17.59	.596	\$ 203.22	\$ 10.49

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TRINITY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

						MOI	NTHLY AVERA	GE
346 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	135	1,415	\$	78,324.82	\$ 55.35	4.090	\$ 580.18	\$ 226.37
@PHYSICIANS SERVICES	47	134	\$	6,531.40	\$ 48.74	.387	\$ 138.97	\$ 18.88
OUTPATIENT VISITS	24	33		1,275.31	38.65	.095	53.14	3.69
OFFICE VISITS	21	29		1,081.03	37.28	.084	51.48	3.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		133.80	44.60	.009	44.60	.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.003	60.48	. 17

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	6	29		1,728.19	59.59	.084	288.03		4.99
HOSPITAL VISITS	5	26		1,309.59	50.37	.075	261.92		3.78
CRITICAL CARE	1	3		418.60	139.53	.009	418.60		1.21
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	Ô	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	11		1,230.86	111.90	.032	410.29		3.56
PRINCIPAL SURGEON	2	2		945.31	472.66	.006	472.66		2.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	9		285.55	31.73	.026	142.78		.83
OUTPATIENT SURGERY	3	13		492.39	37.88	.038	164.13		1.42
PRINCIPAL SURGEON	2	2		345.00	172.50	.006	172.50		1.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	11		147.39	13.40	.032	147.39		.43
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	4	4		61.98	15.50	.012	15.50		.18
RADIOLOGY	23	37		1,315.98	35.57	.107	57.22		3.80
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	7		426.69	60.96	.020	106.67		1.23
@PHARMACY	5.4	92	Ś		\$ 35.08	.266		Ś	9.33
PRESCRIPTION DRUGS	54	92	Τ	3,227.55	35.08	.266	59.77	Τ.	9.33
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	54	92		3,227.55	35.08	.266	59.77		9.33
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	10	25	\$		\$ 30.27	.072		Ś	2.19
VISITS - DIAGNOSTIC	9	18	Τ	443.75	24.65	.052	49.31	Τ.	1.28
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	1	1		71.00	71.00	.003	71.00		.21
RESTORATIVE DENTISTRY	4	6		242.00	40.33	.017	60.50		.70
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITU	JRES N					Р	AGE 15,982
MOP024	FEE-FOR-SERVICE/DENTAL					. ,			01/17/03
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TRINITY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

							MC	NTHLY AV	ERAC	E -	
346 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST P	ER		COST PER
		OR DAYS OF CARE	2		PEF	UNIT/DAY	PER ELIG	USER		E	ELIGIBLE
@OPTOMETRIST	2	8	\$	180.60	\$	22.58	.023	\$ 90.	30	\$.52
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.006	47.	45		.27
EYE APPLIANCES	2	6		85.70		14.28	.017	42.	85		.25
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.	00	\$.00
VISITS	0	0		.00		.00	.000		00		.00
OTHER SERVICES	0	0		.00		.00	.000		00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.	00	\$.00

MEDICINE/INJECTIONS	Λ	Λ		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	Û		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	1	7	Ś	479.29	Ś	68.47	.020	\$ 479.29	Ś	1.39
NURSE ANESTHESIST	0	Ô	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	37	162	Ś	54,484.60	Ś	336.32	.468	\$ 1472.56	Ś	157.47
HOSP INPATIENT TOTAL	5	31	'	50,206.00		1619.55	.090	10041.20		145.10
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	5	31		50,206.00		1619.55	.090	10041.20		145.10
ACCOMMODATIONS	5	31		10,010.85		322.93	.090	2002.17		28.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	31		10,010.85		322.93	.090	2002.17		28.93
ANCILLARIES	5	0		40,195.15		.00	.000	8039.03		116.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	32	131		4,278.60		32.66	.379	133.71		12.37
MEDICAL	19	25		1,120.29		44.81	.072	58.96		3.24
SURGERY	2	3		295.64		98.55	.009	147.82		.85
PATHOLOGY	12	32		381.24		11.91	.092	31.77		1.10
RADIOLOGY	12	22		748.30		34.01	.064	62.36		2.16
ROOM USE	16	18		759.79		42.21	.052	47.49		2.20
CROSSOVERS/ALL OTH OUTPINT	11	31		973.34		31.40	.090	88.49		2.81
@COUNTY HOSPITAL TOTAL	21	75	\$	2,038.89	\$	27.19	.217	\$ 97.09	\$	5.89
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	75	2,038.89	27.19	.217	97.09	5.89
MEDICAL	13	19	715.70	37.67	.055	55.05	2.07
SURGERY	2	3	279.05	93.02	.009	139.53	.81
PATHOLOGY	9	26	298.89	11.50	.075	33.21	.86
RADIOLOGY	6	8	285.77	35.72	.023	47.63	.83
ROOM USE	8	9	368.32	40.92	.026	46.04	1.06
CROSSOVERS/ALL OTH OUTPINT	6	10	91.16	9.12	.029	15.19	.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 15,983
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

TRINITY COUNTY	SUMMARY OF SERV	VICES FOR 44 MIC	- NO	SUC U3 U4 ZA 45 4	4A 4K 4M 5K /T				
246 51 16151 56			_				NTHLY AVERA		
346 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OGOLOGIA HOGOLOGIA HOGOLOGIA	1.0	OR DAYS OF CAR		FO 44F 71	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	87	\$	52,445.71	\$ 602.82		\$ 2913.65	Ş	151.58
COMM HOSP INPATIENT TOTAL	5	31		50,206.00	1619.55	.090	10041.20		145.10
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	31		50,206.00	1619.55	.090	10041.20		145.10
ACCOMMODATIONS	5	31		10,010.85	322.93	.090	2002.17		28.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	31		10,010.85	322.93	.090	2002.17		28.93
ANCILLARIES	5	0		40,195.15	.00	.000	8039.03		116.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	13	56		2,239.71	39.99	.162	172.29		6.47
MEDICAL	6	6		404.59	67.43	.017	67.43		1.17
SURGERY	0	0		16.59	.00	.000	.00		.05
PATHOLOGY	3	6		82.35	13.73	.017	27.45		.24
RADIOLOGY	6	14		462.53	33.04	.040	77.09		1.34
ROOM USE	8	9		391.47	43.50	.026	48.93		1.13
CROSSOVERS/ALL OTH OUTPINT	6	21		882.18	42.01	.061	147.03		2.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		Ś	.00
ICF DDH	0	0	4	.00	.00	.000	.00	7	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ô	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	~	.00	.00	.000	.00	~	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	4	.00	.00	.000	.00	Y	.00
HOSTITAL DASED	O	O		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	j	.00
@LABORATORY FACILITY	17	69 \$	1,093.83	\$	15.85	.199	\$ 64.34	\$	3.16
PATHOLOGY	17	69	1,093.83		15.85	.199	64.34	t	3.16
XO AND OTHERS	0	0	.00		.00	.000	.00	j	.00
@ORGANIZED OUTPATIENT CLINIC	46	87 \$	10,875.72	\$	125.01	.251	\$ 236.43	\$	31.43
CLINIC	1	15	204.54		13.64	.043	204.54	ė	.59
SURGICENTER	0	0	.00		.00	.000	.00	J	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	J	.00
RURAL HEALTH CLINIC	45	72	10,671.18		148.21	.208	237.14	ė	30.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	F	PAGE 15,984
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/17/03
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----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	831 \$	695.08	\$.84	2.402 \$	63.19	-
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	48	418.55	8.72	.139	209.28	1.21
AMBULANCES/AIR TRANS	2	48	418.55	8.72	.139	209.28	1.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	69.04	8.63	.023	17.26	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	9	78.72	8.75	.026	19.68	.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	765	23.77	.03	2.211	23.77	.07
@CALIF. CHILDREN SERVICES*	0	5CR \$	133.79CR	\$ 26.76	.014CR\$.00	\$.39CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,985 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

							MON	ITHLY AVERA	±
01 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	24	\$	3,057.93	\$	127.41	24.000 \$	339.77	\$ 3057.93
@PHYSICIANS SERVICES	6	15	\$	447.88	\$	29.86	15.000 \$	74.65	\$ 447.88

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2	2	136.21	68.11	2.000	68.11	136.21
OFFICE VISITS	1	1	28.13	28.13	1.000	28.13	28.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	1.000	108.08	108.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	186.95	62.32	3.000	93.48	186.95
HOSPITAL VISITS	2	3	186.95	62.32	3.000	93.48	186.95
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	•	U	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	1.79	1.79	1.000	1.79	1.79
RADIOLOGY	2	6	80.92	13.49	6.000	40.46	80.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	42.01	14.00	3.000	21.01	42.01
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	•	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	O	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 15,986
MOP024	FEE-FOR-SERVICE						01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC - SO	C	AID C	ODE		
					MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	•	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00			\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00			\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0 \$.00	\$.00		•	\$.00
	0	0 Ş 0 \$		•		•	
FAMILY NURSE PRACTITIONER	3	• т	.00	\$.00			\$.00
@TOTAL HOSPITAL	3	9 \$	2,610.05	\$ 290.01			\$ 2610.05
HOSP INPATIENT TOTAL	1	1	2,502.83	2502.83	1.000	2502.83	2502.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2,502.83	2502.83	1.000	2502.83	2502.83
ACCOMMODATIONS	1	1	799.00	799.00	1.000	799.00	799.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	799.00	799.00	1.000	799.00	799.00
ANCILLARIES	1	0	1,703.83	.00	.000	1703.83	1703.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	107.22	13.40	8.000	53.61	107.22
MEDICAL	2	.3	17.22	5.74	3.000	8.61	17.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	8.02	4.01	2.000	8.02	8.02
RADIOLOGY	1	2	65.19	32.60	2.000	65.19	65.19
ROOM USE	1	1	16.79	16.79	1.000	16.79	16.79
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	2	8 \$ 0		\$ 13.40		\$ 53.61	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00
HSC HOSPITALS	•	_	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8	107.22	13.40	8.000	53.61	107.22
MEDICAL	2	3	17.22	5.74	3.000	8.61	17.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	8.02	4.01		8.02	8.02
RADIOLOGY	1	2	65.19	32.60		65.19	65.19
ROOM USE	1	1	16.79			16.79	16.79
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	*	· ·	MONTH-OF-PAYMENT F				PAGE 15,987
MOP024	FEE-FOR-SERVICE		MALIT OF TATEMENT I	ALLOINI FOIN UM.	. 2002 IIII(U D	.10 2002	01/17/03
TRINITY COUNTY		ICES FOR 45 MIC -	900	7 TD	CODE		01/11/03
INTINITI COUNTI	SOUMANT OF SERV	ICES FOR 45 MIC =	500	AID		NTHLY AVERA	TF
01 ETTCTDIEC	HOEDO	INTES OF SERVICE	EADENDIMIDEC	ATTEDACE CO			
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COSI PEK	COST PER

		OR DAYS OF CARE		PER UN	IT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 2,502.83	\$ 250	2.83	1.000	\$ 2502.83	\$ 2502.83
COMM HOSP INPATIENT TOTAL	1	1	2,502.83	250	2.83	1.000	2502.83	2502.83
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	2,502.83	250	2.83	1.000	2502.83	2502.83
ACCOMMODATIONS	1	1	799.00	79	9.00	1.000	799.00	799.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	1	799.00	79	9.00	1.000	799.00	799.00
ANCILLARIES	1	0	1,703.83		.00	.000	1703.83	1703.83
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	0	0	.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00	.00
ICF DD	0	0	.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAG	GE 15 , 988
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID CODE					

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERAC	GE
347 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	144	1 , 439 \$	81,382.75	\$ 56.56	4.147 \$	565.16	\$ 234.53
@PHYSICIANS SERVICES	53	149 \$	6 , 979.28	\$ 46.84	.429 \$		\$ 20.11
OUTPATIENT VISITS	26	35	1,411.52	40.33	.101	54.29	4.07
OFFICE VISITS	22	30	1,109.16	36.97	.086	50.42	3.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	241.88	60.47	.012	60.47	.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.003	60.48	.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	32	1,915.14	59.85	.092	239.39	5.52
HOSPITAL VISITS	7	29	1,496.54	51.60	.084	213.79	4.31
CRITICAL CARE	1	3	418.60	139.53	.009	418.60	1.21
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	3	11		111.90	.032		3.55
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	2	2	1,230.86 945.31	472.66		410.29 472.66	3.55 2.72
	0	0			.006		
ASSISTANT SURGEON	U	-	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	285.55	31.73	.026	142.78	.82
OUTPATIENT SURGERY	3	13	492.39	37.88	.037	164.13	1.42
PRINCIPAL SURGEON	2	2	345.00	172.50	.006	172.50	.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	147.39	13.40	.032	147.39	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	63.77	12.75	.014	12.75	.18
RADIOLOGY	25	43	1,396.90	32.49	.124	55.88	4.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	10	468.70	46.87	.029	78.12	1.35
@PHARMACY	54	92 \$	3 , 227.55	\$ 35.08	.265 \$	59.77	•
PRESCRIPTION DRUGS	54	92	3 , 227.55	35.08	.265	59.77	9.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	92	3 , 227.55	35.08	.265	59.77	9.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	25 \$	756.75	\$ 30.27	.072 \$	75.68	\$ 2.18
VISITS - DIAGNOSTIC	9	18	443.75	24.65	.052	49.31	1.28
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.003	71.00	.20
RESTORATIVE DENTISTRY	4	6	242.00	40.33	.017	60.50	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	· ·	CES AND EXPENDITURES MOI					PAGE 15,990
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01/17/03

FEE-FOR-SERVICE/DENTAL

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347 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2	8	\$	180.60	\$	22.58	.023		90.30	Ś	.52
DIAGNOSTIC AND ANC. PROCED	2	2	Т	94.90	- T	47.45	.006	т.	47.45	-	.27
EYE APPLIANCES	2	6		85.70		14.28	.017		42.85		.25
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	۲	.00	Υ	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	1	0	ċ		ć			ċ		ċ	
@HOME HEALTH AGENCY	0	/	Ş	479.29	\$	68.47	.020		479.29	\$	1.38
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	40	171	Ş	57,094.65	Ş	333.89		Ş	1427.37	Ş	164.54
HOSP INPATIENT TOTAL	6	32		52,708.83		1647.15	.092		8784.81		151.90
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6	32		52,708.83		1647.15	.092		8784.81		151.90
ACCOMMODATIONS	6	32		10,809.85		337.81	.092		1801.64		31.15
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	32		10,809.85		337.81	.092		1801.64		31.15
ANCILLARIES	6	0		41,898.98		.00	.000		6983.16		120.75
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	34	139		4,385.82		31.55	.401		128.99		12.64
MEDICAL	21	28		1,137.51		40.63	.081		54.17		3.28
SURGERY	2	3		295.64		98.55	.009		147.82		.85
PATHOLOGY	13	34		389.26		11.45	.098		29.94		1.12
RADIOLOGY	13	24		813.49		33.90	.069		62.58		2.34
ROOM USE	17	19		776.58		40.87	.055		45.68		2.24
CROSSOVERS/ALL OTH OUTPINT		31		973.34		31.40	.089		88.49		2.81
@COUNTY HOSPITAL TOTAL	23	83	\$	2,146.11	\$	25.86	.239	Ś	93.31	Ś	6.18
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	23	83		2,146.11		25.86	.239		93.31		6.18
MEDICAL MEDICAL	15	22		732.92		33.31	.063		48.86		2.11
SURGERY	2	3		279.05		93.02	.003		139.53		.80
	10	28									
PATHOLOGY	7	28 10		306.91 350.96		10.96 35.10	.081 .029		30.69 50.14		.88 1.01
RADIOLOGY	9	10									
ROOM USE	9	10		385.11		38.51	.029		42.79		1.11

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

11(11(11) 0001(11)	JOINING OF JEIN	1020 1011 10 1221	01122	1 11.01021.1 011122				MON	THLY AVERA	GE	
347 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	. AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	88	\$	54,948.54		624.42		4 \$			158.35
COMM HOSP INPATIENT TOTAL	6	32	·	52,708.83	3	1647.15	.09	2	8784.81		151.90
HSC HOSPITALS	0	0		.00		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	6	32		52,708.83	3	1647.15	.09	2	8784.81		151.90
ACCOMMODATIONS	6	32		10,809.85		337.81	.09		1801.64		31.15
ADMINISTRATIVE DAYS	0	0		.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
ALL OTHER ACCOM	6	32		10,809.85		337.81	.09		1801.64		31.15
ANCILLARIES	6	0		41,898.98		.00	.00		6983.16		120.75
INPATIENT CROSSOVERS	0	0		.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	56		2,239.71		39.99	.16		172.29		6.45
MEDICAL	6	6		404.59		67.43	.01		67.43		1.17
SURGERY	0	0		16.59		.00	.00		.00		.05
PATHOLOGY	3	6		82.35		13.73	.00		27.45		.24
RADIOLOGY	5	14		462.53		33.04	.01		77.09		1.33
ROOM USE	8	9		391.47		43.50	.02		48.93		1.13
	6	21		882.18		43.30			147.03		2.54
CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	0	0	\$.00		.00	.06			\$.00
	0	0	Ą							Ş	
MENTALLY ILL	0			.00		.00	.00		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00		.00	.00		.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$.00		.00	.00		.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.00		.00		.00
LEV B-REHAB MD	•	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	· ·		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.00			\$.00
ICF DDH	0	0		.00		.00	.00		.00		.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.00			\$.00
HOSPITAL BASED	0	0		.00		.00	.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.00		.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.00	0	.00		.00
@LABORATORY FACILITY	17	69	\$	1,093.83		15.85	.19	9 \$	64.34	\$	3.15
PATHOLOGY	17	69		1,093.83		15.85	.19	9	64.34		3.15
XO AND OTHERS	0	0		.00		.00	.00	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	46	87	\$	10,875.72	\$	125.01	.25	1 \$	236.43	\$	31.34
CLINIC	1	15		204.54	ŀ	13.64	.04	3	204.54		.59
SURGICENTER	0	0		.00)	.00	.00	0	.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.00	0	.00		.00
RURAL HEALTH CLINIC	45	72		10,671.18	3	148.21	.20	7	237.14		30.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THR	U DE	C 2002	P	AGE 15,992
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALLY	Y INDIGENT CHILD	REN						

DURABLE MED. EQUIP. 0 0 .00 .00 .00	.00
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00 .00
~	.00
DI COD DIATE	.00
BLOOD BANK 0 0 0 .00 .00 .00 .00	
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	0.1
MEDICAL TRANSPORTATION 2 48 418.55 8.72 .138 209.28	.21
AMBULANCES/AIR TRANS 2 48 418.55 8.72 .138 209.28	.21
OTHER TRANS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 1 1 105.00 105.00 .003 105.00	.30
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 .00 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 4 8 69.04 8.63 .023 17.26	.20
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 4 9 78.72 8.75 .026 19.68	.23
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 1 765 23.77 .03 2.205 23.77	.07
@CALIF. CHILDREN SERVICES* 0 5CR \$ 133.79CR \$ 26.76 .014CR\$.00 \$.39CR

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,993 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

TRINITY COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA - N	O SOC - AID PAID PE	SNDING AID CO			CE.
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	GE COST PER
00 ELIGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00		.00	
OFFICE VISITS	0	0	.00		.000		.00
HOME VISITS	0	0		.00	.000	.00	.00
EMERGENCY ROOM	•	ŭ	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ő	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
OTTION LIVINITATIONS	0	O	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 15,994
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

TRINITY COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA	- NO	SOC - AID PAID PE	SNDIN	G AID CO				~=	
00 51 1015 50	a=p.a				3.7.7		MO				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	, (COST PER
0.0000000000000000000000000000000000000	Ō	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE	0	ŭ		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	<u> </u>	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@COUNTY HOSPITAL TOTAL	U	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	Ü	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 15,995
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES E	FOR 47 MIA - NO	SOC - AID PAID PENDING	AID COL	Œ		

TRINITY COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CO	DE			01/1//05
11(11)111 0001(11	00111111111 01 0211	11020 1010 17 11211	2.0					NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00

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SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----@ALL OTHER PROVIDERS . 00 .00 .00 .00 .00 .00 .00 . 00 . 00 . 00 .00 .00 .00 .00 .00 . 00 .00 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TRINITY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,997 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY

SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE ----- MONTHLY AVERAGE ------O3 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE PROVIDERS 6 16 \$ 539.15 \$ 33.70 5.333 \$ 89.86 \$ 179.72 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	83.57	41.79	.667	83.57	27.86
HOSPITAL VISITS	1	2	83.57	41.79	.667	83.57	27.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	36.60	18.30	.667	18.30	12.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	1	2	\$ 9.38	\$ 4.69	.667	\$ 9.38	\$ 3.13
PRESCRIPTION DRUGS	1	2	9.38	4.69	.667	9.38	3.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	9.38	4.69	.667	9.38	3.13
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00		.00	.00	
MAXILLOFACIAL SERVICES	0	0			.000			
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	· ·	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 15,99	
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 48 MIA - NO	SOC - PREGNANT	AID CO	DDE			
					MON	THLY AVERA	GE	
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00	
@TOTAL HOSPITAL	4	8 \$	265.12	\$ 33.14	2.667 \$	66.28	\$ 88.37	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00	
	0	0	.00			.00	.00	
INPATIENT CROSSOVERS	U	0		.00	.000			
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4	8	265.12	33.14	2.667	66.28	88.37	

0	0		.00		00	.000	.00		.00
4	8		265.12	33.	14	2.667	66.28		88.37
0	0		.00		00	.000	.00		.00
0	0		.00		00	.000	.00		.00
0	0		.00		00	.000	.00		.00
2	2		55.66	27.	83	.667	27.83		18.55
2	2		61.80	30.	90	.667	30.90		20.60
2	4		147.66	36.	92	1.333	73.83		49.22
0	0	\$.00	\$.	00	.000	\$.00	\$.00
0	0		.00		00	.000	.00		.00
0	0		.00		00	.000	.00		.00
0	0		.00		00	.000	.00		.00
0	0		.00		00	.000	.00		.00
	0 4 0 0 0 2 2 2 2 0 0 0	0	0	4 8 265.12 0 0 .00 0 0 .00 0 0 .00 0 0 .00 2 2 55.66 2 2 61.80 2 4 147.66 0 0 \$ 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	4 8 265.12 33. 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 2 55.66 27. 2 2 61.80 30. 2 4 147.66 36. 0 0 \$.00 \$ 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00	4 8 265.12 33.14 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 2 55.66 27.83 2 2 61.80 30.90 2 4 147.66 36.92 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	4 8 265.12 33.14 2.667 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 2 2 55.66 27.83 .667 2 2 61.80 30.90 .667 2 4 147.66 36.92 1.333 0 0 \$.00 \$.00 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000	4 8 265.12 33.14 2.667 66.28 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 2 2 55.66 27.83 .667 27.83 2 2 61.80 30.90 .667 30.90 2 4 147.66 36.92 1.333 73.83 0 0 \$.00 \$.00 \$.00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00	4 8 265.12 33.14 2.667 66.28 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 2 2 55.66 27.83 .667 27.83 2 2 61.80 30.90 .667 30.90 2 4 147.66 36.92 1.333 73.83 0 0 \$.00 \$.00 \$ 0 0 \$.00 .00 .00 \$ 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 15,999
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	R 48 MIA - NO	SOC - PREGNANT	AID CO	DDE		
					MONT	HLY AVERAG	E

03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
@COMMUNITY HOSPITAL TOTAL	1	OR DAYS OF CARE 8	\$	265.12	PER \$	UNIT/DAY 33.14	PER ELIG 2.667	ċ	USER 66.28		ELIGIBLE 88.37
COMM HOSP INPATIENT TOTAL	0	0	Ą	.00	Ş	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0									.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0		.00 265.12		.00 33.14	.000 2.667		.00 66.28		.00 88.37
	4	0		.00			.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00 55.66		27.83	.667		27.83		18.55
RADIOLOGY	2	2									
ROOM USE	2	2		61.80		30.90	.667		30.90		20.60
CROSSOVERS/ALL OTH OUTPINT	2	4	Ċ	147.66	ć	36.92	1.333	<u>_</u>	73.83	ċ	49.22
@STATE HOSPITAL	0	0	Þ	.00	Ş	.00	.000	Þ	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	Ċ	.00	ć	.00	.000	<u>_</u>	.00	ċ	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	U	^	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	•	\$.00	Ş	.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	144.48	\$	72.24	.667	\$ 72.24	\$	48.16
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	2	144.48		72.24	.667	72.24		48.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	2 THRU	DEC 2002	PF	AGE 16,000
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA -	NO SOC - PREGNANT		AID CODE				
						N	MONTHLY AVERA	GE -	

USERS 03 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 \$.00 \$.00 .000 \$.00 \$.00 .00 0 Ω DURABLE MED. EQUIP. .00 .00 .00 BLOOD BANK 0 0 0 .00 .00 HEARING AID DISPENSERS .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS .00 OTHER SERVICES .00 .00 ACUPUNCTURE .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .00 . 00 .00 OPTICIAN .00 0 0 0 0 PHYSICAL THERAPIST 0 .00 .00 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS .00 .00 .00 ORTHOTICS .00 0 0 0 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00

 NONINST BIRTHING CENTERS
 0
 0

 LOCAL EDUCATION AGENCIES
 0
 0

 EPSDT SUPPLEMENTAL SERVICE
 0
 0

 RESPIRATORY CARE PRACT.
 0
 0

 PED SUBACUTE REHAB/WEANING
 0
 0

 ALL OTHER PROVIDERS
 0
 0

 @CALIF. CHILDREN SERVICES*
 0
 0
 \$

 @XOVER EXCLUDING STATE HOSP**
 0
 \$

 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$. 00 .000 \$.00 \$. 00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,001 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M(DIN.T.	HLY AVERA	GE:	
03 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6	16	\$	539.15	\$	33.70	5.333	\$	89.86	\$	179.72
@PHYSICIANS SERVICES	3	4	\$	120.17	\$	30.04	1.333	\$	40.06	\$	40.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	1	2			83.57		41.79	.667		83.57		27.86
HOSPITAL VISITS	1	2			83.57		41.79	.667		83.57		27.86
	0	0										
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	V	-			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	2	2			36.60		18.30	.667		18.30		12.20
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	1	2	\$		9.38	\$	4.69	.667	Ś	9.38	\$	3.13
PRESCRIPTION DRUGS	1	2	Ψ		9.38	т	4.69	.667	т	9.38	т	3.13
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	1	2			9.38		4.69	.667		9.38		3.13
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą			Ą			Ą		Ą	
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	•	-			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MO	NTH-OF-PA		EPORT	FOR JAN 20	02 THRU	DEC	2002	PF	AGE 16,002
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA -	NO SOC								

TRINITY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0									
OTHER SERVICES	0	0	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@PODIATRIST	0	0	\$.00	Þ	.00		\$.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	\$.00	Ş	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	8	\$	265.12	\$	33.14	2.667	\$	66.28	\$	88.37
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	8		265.12		33.14	2.667		66.28		88.37
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		55.66		27.83	.667		27.83		18.55
ROOM USE	2	2		61.80		30.90	.667		30.90		20.60
1,0011 001	4	2		01.00		50.50	.007		50.50		20.00

CROSSOVERS/ALL OTH OUTPTNT	2	4		147.66	36.	. 92	1.333	73	3.83		49.22	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.	.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	0	0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF-PA	AYMENT RE	PORT FOR	JAN 2002	2 THRU	DEC 2002	2	PA	GE 16,003	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03	
TRINITY COUNTY	SUMMARY OF SERVICES FOR	49 AT.T. N	ITA - NO SOC									

----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

OR DAYS OF CARE	00									-	
COMMINITY HOSPITAL TOTAL	03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				-			COST PER
COMM HOSP INPATIENT TOTAL											
HSC HOSPITALS	-	4	8	\$				\$		\$	
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0			00			.00		.00
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITALS TOTAL	0	0	.00		00	.000		.00		.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.00		00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0	0	.00		00	.000		.00		.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00		00	.000		.00		.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0	.00		00	.000		.00		.00
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES	0	0	.00		00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL 4 8 265.12 33.14 2.667 66.28 88.3 MEDICAL 0 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 2 2 2 55.66 27.83 .667 27.83 18.5 ROOM USE 2 2 2 61.80 30.90 .667 30.90 20.6 CROSSOVERS/ALL OTH OUTPINT 2 4 147.66 36.92 1.333 73.83 49.2 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$.00 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00 \$.00 .00 .00 .00 EV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HOSPIL BASED 0 0 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 COMMENTALLY INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HOSPIL BASED 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HOSPIL BASED 0 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .00 .00 COMMENTAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .00 .00 .00 COMMENTAL IP CARE 0 0 .00 .	INPATIENT CROSSOVERS	0	0	.00		00	.000		.00		.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td>.00</td> <td></td> <td>00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	ALL OTHER INPATIENT	0	0	.00		00	.000		.00		.00
SURGERY 0 0 .00 <td>COMM HOSP OUTPATIENT TOTAL</td> <td>4</td> <td>8</td> <td>265.12</td> <td>33.</td> <td>14</td> <td>2.667</td> <td></td> <td>66.28</td> <td></td> <td>88.37</td>	COMM HOSP OUTPATIENT TOTAL	4	8	265.12	33.	14	2.667		66.28		88.37
PATHOLOGY 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 2 2 2 55.66 27.83 .667 27.83 18.5 ROOM USE 2 2 61.80 30.90 .667 30.90 20.6 CROSSOVERS/ALL OTH OUTPTNT 2 4 147.66 36.92 1.333 73.83 49.2 GSTATE HOSPITAL 0 0 \$.00 .00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00 <td>MEDICAL</td> <td>0</td> <td>0</td> <td>.00</td> <td></td> <td>00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	MEDICAL	0	0	.00		00	.000		.00		.00
RADIOLOGY 2 2 55.66 27.83 .667 27.83 18.5 ROOM USE 2 2 61.80 30.90 .667 30.90 20.6 CROSSOVERS/ALL OTH OUTPTNT 2 4 147.66 36.92 1.333 73.83 49.2 (STATE HOSPITAL 0 0 \$.0	SURGERY	0	0	.00		00	.000		.00		.00
ROOM USE 2 2 61.80 30.90 .667 30.90 20.6 CROSSOVERS/ALL OTH OUTPTNT 2 4 147.66 36.92 1.333 73.83 49.2 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00	PATHOLOGY	0	0	.00		00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT 2 4 147.66 36.92 1.333 73.83 49.2 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00	RADIOLOGY	2	2	55.66	27.	83	.667		27.83		18.55
@STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 <td>ROOM USE</td> <td>2</td> <td>2</td> <td>61.80</td> <td>30.</td> <td>90</td> <td>.667</td> <td></td> <td>30.90</td> <td></td> <td>20.60</td>	ROOM USE	2	2	61.80	30.	90	.667		30.90		20.60
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPINT	2	4	147.66	36.	92	1.333		73.83		49.22
DEVELOP. DISABLED 0 0 .00 <	@STATE HOSPITAL	0	0	\$.00	\$.	00	.000	\$.00	\$.00
@NURSING FACILITY 0 0 \$.00 \$.00	MENTALLY ILL	0	0	.00		00	.000		.00		.00
LEV A-INTERMEDIATE 0 0 .00	DEVELOP. DISABLED	0	0	.00		00	.000		.00		.00
LEV B-REHAB MD 0 0 .00	@NURSING FACILITY	0	0	\$.00	\$.	00	.000	\$.00	\$.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00	LEV A-INTERMEDIATE	0	0	.00		00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0	.00		00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0	0	.00		00	.000		.00		.00
	LEV B-SUBACUTE HSPTL BASED	0	0	.00		00	.000		.00		.00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00	LEV B-TRANSITIONAL IP CARE	0	0	.00		00	.000		.00		.00
	LEV B-REGULAR	0	0	.00		00	.000		.00		.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	00	.000	\$.00	\$.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00	ICF DDH	0	0	.00		00	.000		.00		.00
ICF DD 0 0 .00 .00 .00 .00 .00 .00	ICF DD	0	0	.00		00	.000		.00		.00

0	0		.00)	.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00)	.00	.000		.00		.00
0	0		.00)	.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00)	.00	.000		.00		.00
0	0		.00)	.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00)	.00	.000		.00		.00
0	0		.00)	.00	.000		.00		.00
2	2	\$	144.48	\$	72.24	.667	\$	72.24	\$	48.16
0	0		.00)	.00	.000		.00		.00
0	0		.00)	.00	.000		.00		.00
0	0		.00)	.00	.000		.00		.00
2	2		144.48	1	72.24	.667		72.24		48.16
MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-	PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 16,004
FEE-FOR-SERVICE/DENTAL										01/17/03
		IA - NO SOC								
		0 0 0 0 0 0 0 0 2 2 MEDI-CAL SERVICES AND EXPENDITURE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 \$.000 0 0 .000 0 0 0 .000 0 0 0 \$.000 0 0 0 .000 0 0 0 \$.000 0 0 0 \$.000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 .000 0 0 0 0	0 0 0 .00 0 0 0 .00 0 0 0 \$.00 0 0 0 .00 0 0 0 .00 0 0 0 \$.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 2 2 2 144.48 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 \$.00 \$.00 0 0 \$.00 \$.00 0 0 \$.00 \$.00 0 0 .00 .00 0 0 0 .00 \$.00 0 0 \$.00 \$.00 0 0 \$.00 \$.00 0 0 0 .00 \$.00 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	0 0 \$.00 \$.00 .00 .000 .000 .000 .000	0 0 \$.00 \$.00 .00 .000 .000 .000 .000	0 0 \$.00 \$.00 .00 .000 .000 .000 .000	0 0 \$.00 \$.00 .00 .000 \$.00

----- MONTHLY AVERAGE -----03 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00

.00

\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

TRINITY COUNTY	SUMMARY OF SERVI	CES FOR 50 MIA - SOC -	- LTC	AID CC	DDE		
					MONT		
06 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	448 \$	51,017.85	\$ 113.88	·		8502.98
@PHYSICIANS SERVICES	3	2CR \$	16.40	\$ 8.20CR	.333CR\$	5.47 \$	
OUTPATIENT VISITS	1	2	105.40	52.70	.333	105.40	17.57
OFFICE VISITS	1	2	105.40	52.70	.333	105.40	17.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5CR	133.00CR	26.60	.833CR	66.50CR	22.17CR
HOSPITAL VISITS	0	7CR	252.00CR	36.00	1.167CR	.00	42.00CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.333	59.50	19.83
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0					
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	· ·		.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	44.00	44.00	.167	44.00	7.33
@PHARMACY	1	18 \$	584.18	\$ 32.45	3.000 \$		
PRESCRIPTION DRUGS	1	14	459.60	32.83	2.333	459.60	76.60
SNF/ICF	1	11	385.38	35.03	1.833	385.38	64.23
OUTPATIENTS	1	3	74.22	24.74	.500	74.22	12.37
MEDICAL SUPPLIES	1	4	124.58	31.15	.667	124.58	20.76
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MONT					PAGE 16,006
MOP024	FEE-FOR-SERVICE/I						01/17/03

TRINITY COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA .	- SOC -	LTC		AID CC		0.1T		C D	
0.6								M			ŒĽ.	
06 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST					COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	Ś	.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	·	.00	.000		.00	·	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0			\$.00	Ċ	.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	ر د	.00	.000	\$.00	\$.00
	· ·			ې د		۶ \$						
PEDIATRIC NURSE PRACTITIONER	0		0	ې د	.00	'	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	U		0 7	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	Ι			\$	101.12	\$	14.45	1.167	\$	101.12	\$	16.85
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1		7		101.12		14.45	1.167		101.12		16.85
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		2		7.97		3.99	.333		7.97		1.33
RADIOLOGY	0		0		5.38		.00	.000		.00		.90
ROOM USE	1		2		56.99		28.50	.333		56.99		9.50
CROSSOVERS/ALL OTH OUTPINI	·		3		30.78		10.26	.500		30.78		5.13
@COUNTY HOSPITAL TOTAL	_ 1		7	\$	87.14	\$	12.45	1.167	Ś	87.14	\$	14.52
CO HOSPITAL INPATIENT TOTAL			0	'	.00		.00	.000		.00		.00
HSC HOSPITALS	. 0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	•		-									
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	•				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1		7		87.14		12.45	1.167		87.14		14.52
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		2		6.98		3.49	.333		6.98		1.16
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		2		49.38		24.69	.333		49.38		8.23

CROSSOVERS/ALL OTH OUTPINT 1 3 30.78 10.26 .500 30.78 5.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,007 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

							MO	TNC	HLY AVERA	GE.	
06 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	13.98	\$.00	.000	\$.00	\$	2.33
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		13.98		.00	.000		.00		2.33
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.99		.00	.000		.00		.17
RADIOLOGY	0	0		5.38		.00	.000		.00		.90
ROOM USE	0	0		7.61		.00	.000		.00		1.27
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	236	\$	49 , 113.66	\$	208.11	39.333	\$	9822.73	\$	8185.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	236	4	19,113.66		208.11	39.333		9822.73		8185.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	38.00	\$	38.00	.167	\$	38.00	\$	6.33
PATHOLOGY	1	1		38.00		38.00	.167		38.00		6.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	8.88	\$.00	.000	\$.00	\$	1.48
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		8.88		.00	.000		.00		1.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-	-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 16,008
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID (CODE				

----- MONTHLY AVERAGE -----06 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 3 188 1,155.61 6.15 31.333 \$ 385.20 \$ 192.60 184.07 184.07 DURABLE MED. EQUIP. 368.14 .333 61.36 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 HEARING AID DISPENSERS .00 .00 .000 .00 787.47 4.23 787.47 MEDICAL TRANSPORTATION 186 31.000 131.25 4.23 131.25 AMBULANCES/AIR TRANS 186 787.47 31.000 787.47 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .000 PORTABLE X-RAY .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,009 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

TRINITY COUNTY	SUMMARY OF SER	VICES FOR SI MIA - SOC	- PREGNANT	AID C			~=
0.0 51 505555					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000.00.00.00.00.00.00.00.00.00.00.00.	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00				
PROSTHETICS	0	0		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 16,010
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

TRINITY COUNTY	SUMMARY OF SERV	/ICES FOR 51 MIA	- SOC -	PREGNANT		AID CC				
								NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	т	.00	.000	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
-	0	0	٠ د		\$			•	\$.00
NURSE ANESTHESIST	0	0	ې د	.00		.00				
NURSE MIDWIFE	0		ې د	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	U	0	ې د	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ \$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	Ü	0	Ş	.00	Ş	.00	.000	,	Ş	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	т	.00	.000	.00	4	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER INPATIENT	Ü	Ü		.00		.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 16,011
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID COD	Œ		

TRINITY COUNTY	SUMMARY OF SER		51 MIA	- SOC	- PREGNANT		AID CC	DE			01/1//00
					-			MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER	L.	COST PER
		OR DAYS	OF CARE			PER U		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000			.00
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20)2 THRU DE	C 2002	PAGE 16,012
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES E	'OR 51 MIA - S	SOC - PREGNANT	AID COD	∑		

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,013 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----06 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5668.65 \$ 8502.98 @TOTAL, ALL PROVIDERS 9 448 51,017.85 \$ 113.88 74.667 \$ 2CR 16.40 8.20CR .333CR\$ 5.47 \$ @PHYSICIANS SERVICES 2 105.40 105.40 52.70 .333 17.57 OUTPATIENT VISITS 105.40 52.70 .333 105.40 17.57 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 0 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT 66.50CR 133.00CR 26.60 .833CR 22.17CR INPATIENT VISITS HOSPITAL VISITS 7CR 252.00CR 36.00 1.167CR .00 42.00CR .00 CRITICAL CARE Ω .00 .00 .000 .00 119.00 SNF/ICF/TRANS IP CARE 59.50 .333 59.50 19.83 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 PSYCHIATRY 0 .00 .00 .000 .00 . 00 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 44.00 1 44.00 .167 44.00 7.33 OTHER SERVICES/ALL X-OVERS 18 @PHARMACY 584.18 32.45 3.000 \$ 584.18 97.36 14 32.83 459.60 PRESCRIPTION DRUGS 459.60 2.333 76.60 SNF/ICF 11 385.38 35.03 1.833 385.38 64.23 3 74.22 24.74 .500 OUTPATIENTS 74.22 12.37 124.58 31.15 124.58 20.76 MEDICAL SUPPLIES .667 .00 .00 \$ 0 .00 .000 \$ @DENTIST .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	EC 2002	PAGE 16,014
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

TRINITY COUNTY	SIIMMARY OF SER	VICES FOR 52 ALL	MTA -	- SOC							01/1//03
IKINIII COONII	DOTELLICE OF BEIN	VICED TON 52 MEE	11111	500			MC	TNC	HLY AVERA	GE	
06 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	7	\$	101.12	\$	14.45	1.167	\$	101.12	\$	16.85
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	7		101.12		14.45	1.167		101.12		16.85
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		7.97		3.99	.333		7.97		1.33
RADIOLOGY	0	0		5.38		.00	.000		.00		.90
ROOM USE	1	2		56.99		28.50	.333		56.99		9.50
CROSSOVERS/ALL OTH OUTPTNI	1	3		30.78		10.26	.500		30.78		5.13
@COUNTY HOSPITAL TOTAL	1	7	\$	87.14	\$	12.45	1.167	\$		\$	14.52
CO HOSPITAL INPATIENT TOTAL	٦ 0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	87.14	12.45	1.167	87.14	14.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	6.98	3.49	.333	6.98	1.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	49.38	24.69	.333	49.38	8.23
CROSSOVERS/ALL OTH OUTPINT	1	3	30.78	10.26	.500	30.78	5.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES I	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	002 THRU DE	C 2002	PAGE 16,015
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
TRINITY COUNTY	SIMMARY OF SERVICES F	TOR 52 ATT. MTA	- SOC				

TRINITY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ------ MONTHLY AVERAGE ------
06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST	UNITS/DAY:	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 13.98	\$.00	.000	\$.00	\$ 2.33
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	13.98		.00	.000		.00	2.33
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.99		.00	.000		.00	.17
RADIOLOGY	0	0	5.38		.00	.000		.00	.90
ROOM USE	0	0	7.61		.00	.000		.00	1.27
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	5	236	\$ 49,113.66	\$	208.11	39.333	\$	9822.73	\$ 8185.61
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	5	236	49,113.66		208.11	39.333		9822.73	8185.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1 \$	38.00	\$	38.00	.167	\$	38.00	\$	6.33
PATHOLOGY	1	1	38.00		38.00	.167		38.00		6.33
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	8.88	\$.00	.000	\$.00	\$	1.48
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	8.88		.00	.000		.00		1.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 20	02	PAG	E 16,016
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MI	A - SOC							

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 06 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 188 \$ 1,155.61 \$ 6.15 31.333 \$ 385.20 \$ 192.60 @ALL OTHER PROVIDERS 2 368.14 184.07 .333 184.07 61.36 2 2 0 0 0 0 1 186 186 0 0 0 0 0 DURABLE MED. EQUIP. .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .000 .00 787.47 4.23 31.000 787.47 131.25 787.47 4.23 31.000 787.47 131.25 .00 .00 .000 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS
 707.47
 4.23
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 .00 .00 .000 .00 OTHER TRANS .00 OTHER SERVICES .00 0 .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .00 .00 .00 .00 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 PROSTHETICS .00 .00 ORTHOTICS 0 0 0 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

RESPIRATORY CARE PRACT.

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS

CALIF. CHILDREN SERVICES*

EXOURT EXCLUDING STATE HOSP**

O

SERVICES O

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CALIFACTOR OF THE COLUMN AS A SERVICE OF THE COLUMN AS A S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$. 00 .00 \$. 00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,017 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE TRINITY COUNTY

							MOI	NIHLY AVERA	1GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 16,018 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

ININIII COONII	SOMMAN OF SER	VICES FOR 95 FOR	10101	E OSE			M	\bigcirc NTI	III V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE.	
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	7/17/17	ACE COCE	UNITS/DAY		nli Avera COST PER		COST PER
00 FFIGIPLE2	USERS	OR DAYS OF CAR		EXPENDITORES		UNIT/DAY		-	USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CAR.	\$.00	S S	.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
	0	0									
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	Ś	.00	.000	ċ	.00	Ś	.00
-	0	· ·	Ą		Ą			Þ		Ą	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	U	0	^	.00	A	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	002 THRU DEC	2002	PAGE 16,019
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	53 FOR FU'	TURE USE				

O						MONT	HLY AVERAG	E
@COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 <	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
COMM HOSP INPATIENT TOTAL 0 0 .00			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
HSC HOSPITALS 0 0 .00	@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 .00	COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .000 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 00 00 00 00 00 00 00 00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 0 0 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	.00
	SURGERY	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 00 00 00 00 00 00	PATHOLOGY	0	0	.00	.00	.000	.00	.00
	RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00		0	0		.00			
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00	@STATE HOSPITAL	0	0 \$.00	\$.00			\$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00		0	0	.00	.00			.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00	DEVELOP. DISABLED	0		.00	.00		.00	.00
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00	•	0	0 \$					
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 .00		0	0					
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00		0	0					
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00		0	0					
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00		0	0					
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00		0	0					
LEV B-REGULAR 0 0 0 .00 .00 .00 .00 .00 .00		0	· · · · · · · · · · · · · · · · · · ·					
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00		0	• т		•			
ICF DDH 0 0 .00 .00 .00 .00 .00 .00		0	0					
ICF DD 0 0 .00 .00 .00 .00 .00	ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAC	GE 16,020
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

IKINIII COONII	BOTHLING OF BEINVIC		INDIGENI MOGETO		MONT	HIY AVERAG	E
09 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0 7 111011110		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15	464 \$	51,557.00	\$ 111.11	51.556 \$	3437.13	
@PHYSICIANS SERVICES	6	2 \$	136.57	\$ 68.29	.222 \$	22.76	
OUTPATIENT VISITS	1	2	105.40	52.70	.222	105.40	11.71
OFFICE VISITS	1	2	105.40	52.70	.222	105.40	11.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0					
OB VISITS/COMPRE PERI	0	· ·	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	3CR	49.43CR	16.48	.333CR	16.48CR	
HOSPITAL VISITS	1	5CR	168.43CR	33.69	.556CR	168.43CR	
CRITICAL CARE	O	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.222	59.50	13.22
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	36.60	18.30	.222	18.30	4.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	44.00	44.00	.111	44.00	4.89
@PHARMACY	2	20 \$	593.56	\$ 29.68	2.222 \$	296.78	
PRESCRIPTION DRUGS	2	16	468.98	29.31	1.778	234.49	52.11
SNF/ICF	1	11	385.38	35.03	1.222	385.38	42.82
OUTPATIENTS	2	5	83.60	16.72	.556	41.80	9.29
MEDICAL SUPPLIES	1	4	124.58	31.15	.444	124.58	13.84
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	
-	0	0 9	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	U	.00	.00	.000	.00	.00
ANESTHESIA		U	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT REA	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 16,022

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,022 FEE-FOR-SERVICE/DENTAL

01/17/03

IKINIII COONII	DOIMING OF BEIN	VICED FOR ST HEDI		I INDIGENT ADOLES			MC	חדת	ת משונה ע דווי	CE.	
09 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7\ \ 7.1	ERAGE COST	UNITS/DAYS		COST PER	GE.	COST PER
09 ELIGIBLES	USEKS			EXPENDITORES			PER ELIG	>	USER		ELIGIBLE
CODMONEMDICA	0	OR DAYS OF CARE		0.0	PEI S	R UNIT/DAY	_	Ċ		Ś	-
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0	0	\$.00	Þ	.00	.000	Ş	.00	P	.00
	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	U	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ş	.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	15	\$	366.24	\$	24.42	1.667	\$	73.25	\$	40.69
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	5	15		366.24		24.42	1.667	73.	25		40.69	
MEDICAL	0	0		.00		.00	.000		00		.00	
SURGERY	0	0		.00		.00	.000		00		.00	
PATHOLOGY	1	2		7.97		3.99	.222	7.	97		.89	
RADIOLOGY	2	2		61.04		30.52	.222	30.	52		6.78	
ROOM USE	3	4		118.79		29.70	. 444	39.	60		13.20	
CROSSOVERS/ALL OTH OUTPTNT	3	7		178.44		25.49	.778	59.	48		19.83	
@COUNTY HOSPITAL TOTAL	1	7	\$	87.14	\$	12.45	.778	\$ 87.	14	\$	9.68	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00	
ANCILLARIES	0	0		.00		.00	.000		00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00	
CO HOSP OUTPATIENT TOTAL	1	7		87.14		12.45	.778	87.	14		9.68	
MEDICAL	0	0		.00		.00	.000		00		.00	
SURGERY	0	0		.00		.00	.000		00		.00	
PATHOLOGY	1	2		6.98		3.49	.222	6.	98		.78	
RADIOLOGY	0	0		.00		.00	.000		00		.00	
ROOM USE	1	2		49.38		24.69	.222	49.	38		5.49	
CROSSOVERS/ALL OTH OUTPINT		3		30.78		10.26	.333	30.			3.42	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC 2002		PA	GE 16,023	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03	
TRINITY COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALL	Y INDIGENT ADULTS								

ININIII COONII	SOMMANT OF SERV	VICES FOR	J4 MEDI	СИППІ	INDIGENI ADOLIS							
								MO	TNC	HLY AVERA	.GE	
09 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		8	\$	279.10	\$	34.89	.889	\$	69.78	\$	31.01
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		8		279.10		34.89	.889		69.78		31.01
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.99		.00	.000		.00		.11
RADIOLOGY	2		2		61.04		30.52	.222		30.52		6.78
ROOM USE	2		2		69.41		34.71	.222		34.71		7.71
CROSSOVERS/ALL OTH OUTPTNT	2		4		147.66		36.92	. 444		73.83		16.41
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	5		236	\$	49,113.66	\$	208.11	26.222	\$	9822.73	\$	5457.07
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	236		49,113.66		208.11	26.222		9822.73		5457.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	38.00	\$	38.00	.111	\$	38.00	\$	4.22
PATHOLOGY	1	1		38.00		38.00	.111		38.00		4.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	153.36	\$	76.68	.222	\$	76.68	\$	17.04
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		153.36		76.68	.222		76.68		17.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 16,024
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TOTALTO COLLADO	CHMMADY OF CEDITOEC FO	D 5/ MED	TCATTV :	TNDTCENT ADIIT TO							

		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	3	188	\$	1,155.61	\$ 6.15	20.889 \$	385.20	\$	128.40
DURABLE MED. EQUIP.	2	2		368.14	184.07	.222	184.07		40.90
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	186		787.47	4.23	20.667	787.47		87.50
AMBULANCES/AIR TRANS	1	186		787.47	4.23	20.667	787.47		87.50
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 16,025

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

2,740 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,150	37,356 \$	2,752,246.84	\$ 73.68	13.634 \$	1280.11	\$ 1004.47
@PHYSICIANS SERVICES	450	1,334 \$	18,936.61	\$ 14.20	.487 \$	42.08	\$ 6.91
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	450	1,334	18,936.61	14.20	.487	42.08	6.91
@PHARMACY	1,741	11,265 \$		\$ 49.53	4.111 \$	320.50	\$ 203.65
PRESCRIPTION DRUGS	1,725	8,515	541,937.07	63.64	3.108	314.17	197.79
SNF/ICF	230	1,988	96 , 988.56	48.79	.726	421.69	35.40
OUTPATIENTS	1,497	6 , 527	444,948.51	68.17	2.382	297.23	162.39
MEDICAL SUPPLIES	124	2,750	16,053.05	5.84	1.004	129.46	5.86
@DENTIST	94	255 \$		\$ 73.72	.093 \$	200.00	\$ 6.86
VISITS - DIAGNOSTIC	55	123	2,043.00	16.61	.045	37.15	.75
ORAL SURGERY	11	41	1,249.00	30.46	.015	113.55	.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.001	200.00	.15
ENDODONTICS	7	9	1,870.00	207.78	.003	267.14	.68
RESTORATIVE DENTISTRY	21	35	4,439.00	126.83	.013	211.38	1.62
PROSTHETICS	1	2	30.00	15.00	.001	30.00	.01
DENTURES, STAYPLATES	29	43	8,768.75	203.92	.016	302.37	3.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 16,026
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 55 ALL AGED

TRINITY COUNTY

----- MONTHLY AVERAGE -----2,740 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 39 108 2,534.62 23.47 .039 \$ 64.99 \$. 93 DIAGNOSTIC AND ANC. PROCED 18 18 814.66 45.26 .007 45.26 .30 30 84 1,535.59 18.28 .031 51.19 EYE APPLIANCES .56 6 30.73 30.73 OTHER OPTOMETRIC SERVICES 184.37 .002 .07 0 .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 Ω .00 OTHER SERVICES .00 .000 .00 .00 18 227.75 12.65 .007 \$ 16.27 \$ @PODIATRIST 0 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS Ω .00 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 . 00 227.75 12.65 16.27 OTHER 14 18 .007 .08 .00 \$ 0 @HOME HEALTH AGENCY Ω .00 .000 \$.00 \$.00 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 0 .00 Ś .00 .000 .00 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 @TOTAL HOSPITAL 735 44,841.05 \$ 61.01 .268 \$ 300.95 16.37 29,469.18 143.05 589.38 HOSP INPATIENT TOTAL .075 HSC HOSPITALS Ω .00 .00 .000 . 0.0 .00 NON-HSC HOSPITAL TOTAL Ω .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 Ω .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .000 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 . 00 ANCILLARIES 206 29,469.18 143.05 .075 589.38 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 103 529 HOSP OUTPATIENT TOTAL 15,371.87 29.06 .193 149.24 5.61 MEDICAL 149.35 74.68 .001 74.68 .05 SURGERY 1 .00 .00 .000 .00 .00 PATHOLOGY 181.92 6.74 .010 90.96 .07 RADIOLOGY 278.83 139.42 .001 278.83 .10 ROOM USE 49.47 12.37 .001 24.74 . 02 493 14,712.30 29.84 .180 142.84 5.37 CROSSOVERS/ALL OTH OUTPINT 61 261 14,955.47 57.30 245.17 \$ @COUNTY HOSPITAL TOTAL .095 \$ 5.46 17 93 11,320.48 665.91 CO HOSPITAL INPATIENT TOTAL 121.73 .034 4.13 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS Ω .00 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 11,320.48 121.73 .034 665.91 4.13 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	45	168	3,634.99	21.64	.061	80.78	1.33		
MEDICAL	1	1	149.35	149.35	.000	149.35	.05		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	1	23	181.92	7.91	.008	181.92	.07		
RADIOLOGY	1	2	278.83	139.42	.001	278.83	.10		
ROOM USE	1	1	49.47	49.47	.000	49.47	.02		
CROSSOVERS/ALL OTH OUTPINT	45	141	2,975.42	21.10	.051	66.12	1.09		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 16,027		
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03		
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL AGED							
				THLY AVERA	VERAGE				
2,740 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	91	474 \$	29 , 885.58		•		•		
COMM HOSP INPATIENT TOTAL	33	113	18,148.70	160.61	.041	549.96	6.62		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	33	113	18,148.70	160.61	.041	549.96	6.62		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	61	361	11,736.88	32.51	.132	192.41	4.28		
MEDICAL	1	1	.00	.00	.000	.00	.00		
SURGERY	1	1	.00	.00	.000	.00	.00		
PATHOLOGY	1	4	.00	.00	.001	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
ROOM USE	1	3	.00	.00	.001	.00	.00		
CROSSOVERS/ALL OTH OUTPTNT	61	352	11,736.88	33.34	.128	192.41	4.28		
CONTROL HOODERNI				Ċ 00			Ċ 0.0		

.00 \$.00

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@STATE HOSPITAL

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	375	11,158	\$	2,032,817.81	\$	182.18	4.072	\$	5420.85	\$	741.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	3		1,644.90		548.30	.001		1644.90		.60
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	374	11,155		2,031,172.91		182.09	4.071		5430.94		741.30
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	29	\$	196.19	\$	6.77	.011	\$	10.33	\$.07
PATHOLOGY	1	1		60.25		60.25	.000		60.25		.02
XO AND OTHERS	18	28		135.94		4.86	.010		7.55		.05
@ORGANIZED OUTPATIENT CLINIC	262	428	\$	23,421.98	\$	54.72	.156	\$	89.40	\$	8.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	9	12		2,321.48		193.46	.004		257.94		.85
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	253	416		21,100.50		50.72	.152		83.40		7.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 16,028
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

USERS UNITS OF SERVICE EXPENDITURES 2,740 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 472 12,026 52,480.96 4.36 4.389 \$ 111.19 \$ 19.15 582.41 DURABLE MED. EQUIP. 18 53 10,483.41 197.80 .019 3.83 .00 0 0 .00 .000 .00 .00 BLOOD BANK 22 192.40 297.35 HEARING AID DISPENSERS 34 6,541.63 .012 2.39 MEDICAL TRANSPORTATION 76 1,639 8,114.72 4.95 .598 106.77 2.96 1 AMBULANCES/AIR TRANS 1 107.16 107.16 .000 107.16 .04 17 OTHER TRANS 348 1,766.39 5.08 .127 103.91 .64 OTHER SERVICES 64 1,290 6,241.17 4.84 .471 97.52 2.28 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 43 94 OPTICIAN 1,168.99 12.44 .034 27.19 .43 5 13.05 PHYSICAL THERAPIST 26.09 5.22 .002 .01 PORTABLE X-RAY 0 .00 .00 .00 .00 .000 13 PROSTHETIST/ORTHOTISTS 435.50 33.50 .005 72.58 .16 PROSTHETICS 13 435.50 33.50 72.58 .005 .16 0 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES 536.40 107.28 .002 536.40 .20 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	347	10,183	25,174.22	2.47	3.716	72.55	9.19
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.003	\$ 489.30	\$.36
@XOVER EXCLUDING STATE HOSP**	870	6,706	\$ 162,009.15	\$ 24.16	2.447	\$ 186.22	\$ 59.13

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,029
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

The color of the
COTAL, ALL PROVIDERS
PROVIDERS
SPHYSICIANS SERVICES 30 65 \$ 2,284.31 \$ 35.14 .396 \$ 76.14 \$ 13.93
OUTPATIENT VISITS 10 14 518.79 37.06 .085 51.88 3.16 OFFICE VISITS 9 13 450.44 34.65 .079 50.05 2.75 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 1 1 68.35 68.35 .006 68.35 .42 PREVENTIVE CARE 0 0 .00
OFFICE VISITS 9 13 450.44 34.65 .079 50.05 2.75 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
EMERGENCY ROOM 1 1 1 68.35 68.35 .006 68.35 .42 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT VISITS 1 3 148.80 49.60 .018 148.80 .91 HOSPITAL VISITS 1 3 148.80 49.60 .018 148.80 .91 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 2 2 .94.94 47.47 .012 47.47 .58 EXAMINATIONS 2 2 .2 .94.94 47.47 .012 47.47 .58 EXAMINATIONS 2 2 .2 .94.94 47.47 .012 47.47 .58 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 2 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 .00 .00 .00 .00 .00 OUTPATIENT SURGEON 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 1 12.78 12.78 .006 12.78 .08 RADIOLOGY 6 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00
PREVENTIVE CARE 0 0 .00 <th< td=""></th<>
OB VISITS/COMPRE PERI 0 0 .00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00 .00 INPATIENT VISITS 1 3 148.80 49.60 .018 148.80 .91 HOSPITAL VISITS 1 3 148.80 49.60 .018 148.80 .91 CRITICAL CARE 0 0 .00 </td
INPATIENT VISITS
HOSPITAL VISITS
CRITICAL CARE 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OPHTHALMOLOGICAL SERVICES 2 2 94.94 47.47 .012 47.47 .58 EXAMINATIONS 2 2 94.94 47.47 .012 47.47 .58 SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 2 2 2 485.48 242.74 .012 242.74 2.96 PRINCIPAL SURGEON 2 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
EXAMINATIONS 2 2 94.94 47.47 .012 47.47 .58 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 2 2 2 485.48 242.74 .012 242.74 2.96 PRINCIPAL SURGEON 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 12.78 12.78 .006 12.78 .08 RADIOLOGY 6 6 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00
SERVICES AND MATERIALS 0 0 .00
INPATIENT HOSPITAL SURGERY 0 0 .00
INPATIENT HOSPITAL SURGERY 0
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 2 2 2 485.48 242.74 .012 242.74 2.96 PRINCIPAL SURGEON 2 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 0 .0
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 2 2 485.48 242.74 .012 242.74 2.96 PRINCIPAL SURGEON 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 12.78 12.78 .06 12.78 .08 RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 2 2 485.48 242.74 .012 242.74 2.96 PRINCIPAL SURGEON 2 2 485.48 242.74 .012 242.74 2.96 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 12.78 12.78 .06 12.78 .08 RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 0 0 0 00 00 000 000 000 000 000 0
ASSISTANT SURGEON 0 0 0 0 0 00 00 000 000 000 000 000 0
DIALYSIS 0 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 12.78 12.78 .006 12.78 .08 RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
DIALYSIS 0 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 12.78 12.78 .006 12.78 .08 RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 1 1 12.78 12.78 .006 12.78 .08 RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 6 6 64.87 10.81 .037 10.81 .40 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 19 37 958.65 25.91 .226 50.46 5.85
@PHARMACY 96 1,252 \$ 22,206.19 \$ 17.74 7.634 \$ 231.31 \$ 135.40
PRESCRIPTION DRUGS 91 331 18,672.46 56.41 2.018 205.19 113.86
SNF/ICF 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENTS 91 331 18,672.46 56.41 2.018 205.19 113.86
MEDICAL SUPPLIES 18 921 3,533.73 3.84 5.616 196.32 21.55
@DENTIST 7 36 \$ 1,127.00 \$ 31.31 .220 \$ 161.00 \$ 6.87
VISITS - DIAGNOSTIC 5 17 202.00 11.88 .104 40.40 1.23
ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.006	215.00	1.31
RESTORATIVE DENTISTRY	2	6	307.00	51.17	.037	153.50	1.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12	403.00	33.58	.073	403.00	2.46
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2002 THRU DE	C 2002	PAGE 16,030
	/						04 /4 = /00

MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

IRINIII COUNII	SUMMARI OF SER	VICES FOR	JO ALL E	חאדחכ				M	ONT	HIY AVERA	GE.	
164 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	ΔVI	ERAGE COST			COST PER	LOL	COST PER
101 1111011110	ОВЫКВ		OF CARE		DMI DINDITORDO		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3	OIC DIIID	9	\$	321.06	\$	35.67	.055		107.02	Ś	1.96
DIAGNOSTIC AND ANC. PROCED	2		2	Τ	94.90	τ	47.45	.012	Τ.	47.45	Τ.	.58
EYE APPLIANCES	3		7		226.16		32.31	.043		75.39		1.38
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	Ś	.00	Ś	.00	.000	Ś		Ś	.00
VISITS	0		0	т	.00	4	.00	.000	т.	.00	4	.00
OTHER SERVICES	0		Ō		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	6.29	\$	6.29	.006	Ś		Ś	.04
MEDICINE/INJECTIONS	0		0	•	.00	'	.00	.000		.00		.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		6.29		6.29	.006		6.29		.04
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3		4	\$	85.80	\$	21.45	.024	\$	28.60	\$.52
@TOTAL HOSPITAL	26		253	\$	11,190.72	\$	44.23	1.543	\$	430.41	\$	68.24
HOSP INPATIENT TOTAL	2		13		6,855.92		527.38	.079		3427.96		41.80
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		3		6,835.92		2278.64	.018		6835.92		41.68
ACCOMMODATIONS	1		3		1,687.50		562.50	.018		1687.50		10.29
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		3		1,687.50		562.50	.018		1687.50		10.29
ANCILLARIES	1		0		5,148.42		.00	.000		5148.42		31.39
INPATIENT CROSSOVERS	1		10		20.00		2.00	.061		20.00		.12
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	25		240		4,334.80		18.06	1.463		173.39		26.43
MEDICAL	18		28		1,429.10		51.04	.171		79.39		8.71
SURGERY	1		1		105.42		105.42	.006		105.42		.64
PATHOLOGY	11		49		491.91		10.04	.299		44.72		3.00
RADIOLOGY	5		5		161.35		32.27	.030		32.27		.98
ROOM USE	14		31		1,037.44		33.47	.189		74.10		6.33
CROSSOVERS/ALL OTH OUTPTNT			126		1,109.58		8.81	.768		138.70		6.77
@COUNTY HOSPITAL TOTAL	14		104	\$	9,312.11	\$	89.54	.634	\$	665.15	\$	56.78
CO HOSPITAL INPATIENT TOTAL	1		3		6,835.92		2278.64	.018		6835.92		41.68
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1		3		6,835.92		2278.64	.018		6835.92		41.68
ACCOMMODATIONS	1		3		1,687.50		562.50	.018		1687.50		10.29

ADMINISTRATIVE DAYS	Λ	Λ	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	U	U					
ALL OTHER ACCOM	1	3	1,687.50	562.50	.018	1687.50	10.29
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	31.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	101	2,476.19	24.52	.616	176.87	15.10
MEDICAL	13	18	1,084.06	60.23	.110	83.39	6.61
SURGERY	1	1	105.42	105.42	.006	105.42	.64
PATHOLOGY	9	44	422.16	9.59	.268	46.91	2.57
RADIOLOGY	4	4	132.66	33.17	.024	33.17	.81
ROOM USE	6	7	389.34	55.62	.043	64.89	2.37
CROSSOVERS/ALL OTH OUTPINT	5	27	342.55	12.69	.165	68.51	2.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REA	PORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 16,031
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BL	IND				

----- MONTHLY AVERAGE -----164 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 13 149 1,878.61 12.61 .909 \$ 144.51 \$ 11.45 @COMMUNITY HOSPITAL TOTAL 20.00 COMM HOSP INPATIENT TOTAL 1 10 20.00 2.00 .061 .12 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES 0 .00 .000 .00 . 00 20.00 INPATIENT CROSSOVERS 2.00 .061 20.00 .12 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 12 COMM HOSP OUTPATIENT TOTAL 139 1,858.61 13.37 .848 154.88 11.33 5 69.01 MEDICAL 10 345.04 34.50 .061 2.10 .000 SURGERY 0 .00 .00 .00 .00 PATHOLOGY 69.75 13.95 .030 34.88 .43 RADIOLOGY 1 28.69 28.69 .006 28.69 .17 24 648.10 27.00 72.01 3.95 ROOM USE .146 CROSSOVERS/ALL OTH OUTPTNT 767.03 7.75 255.68 .604 4.68 .00 @STATE HOSPITAL 0 .00 \$.00 .000 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY 2,574.00 .00 .000 2574.00 15.70 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .000 .00 0 2,574.00 .000 2574.00 LEV B-REGULAR .00 15.70 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 ICF DDH .00 .00 .00 .00 .000 ICF DD .00 .00 .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .00 @HEMODIALYSIS TOTAL .000 .00 .00 .000 .00 .00 HOSPITAL BASED 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 .012 @REHABILITATION FACILITY 42.38 21.19 42.38 .26 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	1	2		42.38		21.19	.012		42.38		.26	
@LABORATORY FACILITY	9	28	\$	545.33	\$	19.48	.171	\$	60.59	\$	3.33	
PATHOLOGY	9	28		545.33		19.48	.171		60.59		3.33	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	1,566.47	\$	92.15	.104	\$	142.41	\$	9.55	
CLINIC	2	4		57.95		14.49	.024		28.98		.35	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	9	13		1,508.52		116.04	.079		167.61		9.20	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MO	NTH-OF-PAYMENT 1	REPORT	r for Jan	2002 THRU	DEC	2002	P.	AGE 16,032	
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03	
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 56 ALL	BLIND									
							N	TNON	THLY AVERA	GE		
164 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	'S	COST PER	(COST PER	
	OF	R DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	3	USER	Ţ	ELIGIBLE	
@ALL OTHER PROVIDERS	29	490	Ś	15,137,66	Ś	30.89	2.988	Ś	521.99	Ś	92.30	

164 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	490 \$	15,137.66	\$ 30.89	2.988	521.99	\$ 92.30
DURABLE MED. EQUIP.	3	67	8,988.55	134.16	.409	2996.18	54.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	12	1,796.39	149.70	.073	299.40	10.95
MEDICAL TRANSPORTATION	5	221	1,999.52	9.05	1.348	399.90	12.19
AMBULANCES/AIR TRANS	4	105	900.42	8.58	.640	225.11	5.49
OTHER TRANS	1	116	1,099.10	9.48	.707	1099.10	6.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	47.60	7.93	.037	23.80	.29
PHYSICAL THERAPIST	6	25	350.93	14.04	.152	58.49	2.14
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	264.97	33.12	.049	66.24	1.62
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	118	1,476.68	12.51	.720	492.23	9.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	33	213.02	6.46	.201	71.01	1.30
@CALIF. CHILDREN SERVICES*	9	47	\$ 8,686.43	\$ 184.82	.287	\$ 965.16	\$ 52.97
@XOVER EXCLUDING STATE HOSP**	19	161	\$ 4,111.92	\$ 25.54	.982	\$ 216.42	\$ 25.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 16,033

01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

IKINIII COOMII	DOTHER OF DER	VICES FOR STREET	10111			MON	THIV AVERA	CF -	
7,391 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			-	OST PER
7,331 66161666	ODERO	OR DAYS OF CARE		EXTENDITORES	PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	5,789		\$	4,469,733.58	\$ 44.53	13.582 \$			
@PHYSICIANS SERVICES	1,908		\$	285,841.34	•	1.002 \$			38.67
OUTPATIENT VISITS	909	1,494	Υ		36.46	.202	59.92	Ψ	7.37
OFFICE VISITS	800	1,248			33.18				5.60
HOME VISITS	0	0		.00	.00		.00		.00
EMERGENCY ROOM	124	155		9,090.08	58.65	.021	73.31		
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	16	52		2,314.11	44.50	.007	144.63		.31
OTHER OUTPATIENT	29	39		1,651.48	42.35		56.95		.22
INPATIENT VISITS	121	468			51.83		200.46		
HOSPITAL VISITS	110	423		19,512.79			177.39		
CRITICAL CARE	15	37		4,498.38	121.58	.005	299.89		.61
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00		.03
OPHTHALMOLOGICAL SERVICES	30	33		1,519.53	46.05	.004	50.65		.21
EXAMINATIONS	30	32		1,484.24	46.38	.004	49.47		.20
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00
INPATIENT HOSPITAL SURGERY	52	300		35,774.17	119.25	.041	687.96		4.84
PRINCIPAL SURGEON	39	59		28,319.91	480.00	.008	726.15		3.83
ASSISTANT SURGEON	12	15		2,544.18	169.61	.002	212.02		.34
ANESTHESIOLOGIST	16	226		4,910.08	21.73	.031	306.88		.66
OUTPATIENT SURGERY	157	337		38 , 735.68	114.94	.046	246.72		5.24
PRINCIPAL SURGEON	142	208		35 , 267.28	169.55	.028	248.36		4.77
ASSISTANT SURGEON	2	2		236.42	118.21	.000	118.21		.03
ANESTHESIOLOGIST	23	127		3,231.98	25.45		140.52		. 44
DIALYSIS	10	58		- /	91.53		530.86		.72
PATHOLOGY	137	245		,	10.65		19.04		.35
RADIOLOGY	517	955		47 , 976.92	50.24	.129	92.80		6.49
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	60	598		7 , 529.07	12.59	.081	125.48		1.02
OTHER SERVICES/ALL X-OVERS	884	2,920		67 , 663.11	23.17	.395	76.54		9.15
@PHARMACY	4,932	•	\$	• •		4.335 \$		\$	272.17
PRESCRIPTION DRUGS	4,896	22 , 609			86.24	3.059	398.23		263.80
SNF/ICF	61	413			73.04	.056	494.49		4.08
OUTPATIENTS	4,839	22,196		1,919,567.48	86.48	3.003	396.69		259.72

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	318	9,432		61,852.44		6.56	1.276		194.50		8.37
@DENTIST	444	1,616	\$	89,242.82	\$	55.22	.219	\$	201.00	\$	12.07
VISITS - DIAGNOSTIC	278	841		13,259.00		15.77	.114		47.69		1.79
ORAL SURGERY	89	275		13,001.00		47.28	.037		146.08		1.76
DRUGS	4	9		118.00		13.11	.001		29.50		.02
ANESTHESIA	10	10		1,000.00		100.00	.001		100.00		.14
PERIODONTICS	12	13		2,400.00		184.62	.002		200.00		.32
ENDODONTICS	19	31		7,329.00		236.42	.004		385.74		.99
RESTORATIVE DENTISTRY	127	276		27,260.00		98.77	.037		214.65		3.69
PROSTHETICS	4	5		120.00		24.00	.001		30.00		.02
DENTURES, STAYPLATES	64	154		24,658.02		160.12	.021		385.28		3.34
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		97.80		48.90	.000		48.90		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUE	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 16,034
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
TRANSPORTER CONTINUE	CINDIA DII OF CEDITION	TOD [7 377	D T O T D								

TRINITY COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

ININIII COONII	SOMMAKI OF SEK	VICES FOR STALL	DISAL	ппр				O N T IT		C.E.	
7 201 51 53 53									HLY AVERA	-	
7,391 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	1.01	OR DAYS OF CARE		10 500 50		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	181	538	\$,	\$.073	Ş		Ş	
DIAGNOSTIC AND ANC. PROCED	119	118		5,381.99		45.61	.016		45.23		.73
EYE APPLIANCES	144	404		6,809.58		16.86	.055		47.29		.92
OTHER OPTOMETRIC SERVICES	10	16		317.02		19.81	.002		31.70		.04
@CHIROPRACTOR	29	43	\$		\$.006	\$	24.79	\$.10
VISITS	28	39		652.08		16.72	.005		23.29		.09
OTHER SERVICES	1	4		66.88		16.72	.001		66.88		.01
@PODIATRIST	16	21	\$		\$.003	\$	48.19	\$.10
MEDICINE/INJECTIONS	8	8		239.60		29.95	.001		29.95		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	13		531.48		40.88	.002		53.15		.07
@HOME HEALTH AGENCY	30	246	\$	16,578.79	\$	67.39	.033	\$	552.63	\$	2.24
NURSE ANESTHESIST	3	23	\$	357.71	\$	15.55	.003	\$	119.24	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	71.80	\$	35.90	.000	\$	35.90	\$.01
@TOTAL HOSPITAL	1,337	8,101	\$	1,493,203.95	\$	184.32	1.096	\$	1116.83	\$	202.03
HOSP INPATIENT TOTAL	143	791		1,289,327.82		1630.00	.107		9016.28		174.45
HSC HOSPITALS	2	11		15,185.00		1380.45	.001		7592.50		2.05
NON-HSC HOSPITAL TOTAL	92	515		1,239,990.36		2407.75	.070		13478.16		167.77
ACCOMMODATIONS	90	515		250,096.55		485.62	.070		2778.85		33.84
ADMINISTRATIVE DAYS	0	0		34.60CF	3	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	90	515		250,131.15		485.69	.070		2779.24		33.84
ANCILLARIES	92	0		989,893.81		.00	.000		10759.72		133.93
INPATIENT CROSSOVERS	49	265		34,152.46		128.88	.036		696.99		4.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,253	7,310		203,876.13		27.89	.989		162.71		27.58
MEDICAL	431	826		39,696.96		48.06	.112		92.10		5.37
SURGERY	156	203		10,655.00		52.49	.027		68.30		1.44
PATHOLOGY	597	2,795		32,304.48		11.56	.378		54.11		4.37
RADIOLOGY	348	562		43,759.65		77.86	.076		125.75		5.92
ROOM USE	446	736		36,874.56		50.10	.100		82.68		4.99
				,							

CROSSOVERS/ALL OTH OUTPTNT	570	2,188		40,585.48		18.55	.296	71.20		5.49
@COUNTY HOSPITAL TOTAL	867	4,652	\$	431,120.93	\$	92.67	.629	\$ 497.26	\$	58.33
CO HOSPITAL INPATIENT TOTAL	62	195		308,050.08		1579.74	.026	4968.55		41.68
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	44	140		294,416.43		2102.97	.019	6691.28		39.83
ACCOMMODATIONS	43	140		73,651.50		526.08	.019	1712.83		9.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	43	140		73,651.50		526.08	.019	1712.83		9.97
ANCILLARIES	44	0		220,764.93		.00	.000	5017.38		29.87
INPATIENT CROSSOVERS	18	55		13,633.65		247.88	.007	757.43		1.84
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	834	4,457		123,070.85		27.61	.603	147.57		16.65
MEDICAL	335	639		31,564.70		49.40	.086	94.22		4.27
SURGERY	106	150		8,348.36		55.66	.020	78.76		1.13
PATHOLOGY	448	1,978		22,426.48		11.34	.268	50.06		3.03
RADIOLOGY	229	306		24,463.36		79.95	.041	106.83		3.31
ROOM USE	287	460		23,363.33		50.79	.062	81.41		3.16
CROSSOVERS/ALL OTH OUTPINT	300	924		12,904.62		13.97	.125	43.02		1.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	RES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2002	PAC	GE 16,035
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISABLED							

ININIII COONII	SOMMANT OF SEN	VICES FOR 57 ALL	ואטדעו	рпер				~ =	
T 201			_				NTHLY AVERA	-	
7,391 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	= 60	OR DAYS OF CAR			PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	569	3,449	\$	1,062,083.02	\$ 307.94		\$ 1866.58	Ş	143.70
COMM HOSP INPATIENT TOTAL	87	596		981,277.74	1646.44	.081	11279.05		132.77
HSC HOSPITALS	2	11		15,185.00	1380.45	.001	7592.50		2.05
NON-HSC HOSPITALS TOTAL	54	375		945 , 573.93	2521.53	.051	17510.63		127.94
ACCOMMODATIONS	53	375		176,445.05	470.52	.051	3329.15		23.87
ADMINISTRATIVE DAYS	0	0		34.60CF		.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	53	375		176,479.65	470.61	.051	3329.80		23.88
ANCILLARIES	54	0		769,128.88	.00	.000	14243.13		104.06
INPATIENT CROSSOVERS	31	210		20,518.81	97.71	.028	661.90		2.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	505	2,853		80,805.28	28.32	.386	160.01		10.93
MEDICAL	120	187		8,132.26	43.49	.025	67.77		1.10
SURGERY	51	53		2,306.64	43.52	.007	45.23		.31
PATHOLOGY	167	817		9,878.00	12.09	.111	59.15		1.34
RADIOLOGY	132	256		19,296.29	75.38	.035	146.18		2.61
ROOM USE	196	276		13,511.23	48.95	.037	68.93		1.83
CROSSOVERS/ALL OTH OUTPTNT	292	1,264		27 , 680.86	21.90	.171	94.80		3.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	24	530	\$	63,511.37	\$ 119.83	.072	\$ 2646.31	\$	8.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	1	31		3,748.83	120.93	.004	3748.83		.51
LEV B-SUBACUTE FREESTANDING	9	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	23	499		59,762.54	119.76	.068	2598.37		8.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	210	\$	29,996.36	\$	142.84	.028	\$	1034.36	\$	4.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	29	210		29,996.36		142.84	.028		1034.36		4.06
@REHABILITATION FACILITY	8	27	\$	560.77	\$	20.77	.004	\$	70.10	\$.08
HOSPITAL BASED	1	13		264.11		20.32	.002		264.11		.04
INDEPENDENT FACILITY	7	14		296.66		21.19	.002		42.38		.04
@LABORATORY FACILITY	439	2,140	\$	31,862.34	\$	14.89	.290	\$	72.58	\$	4.31
PATHOLOGY	420	2,113		31,698.30		15.00	.286		75.47		4.29
XO AND OTHERS	19	27		164.04		6.08	.004		8.63		.02
@ORGANIZED OUTPATIENT CLINIC	1,431	2,404	\$	198,767.74	\$	82.68	.325	\$	138.90	\$	26.89
CLINIC	11	24		507.06		21.13	.003		46.10		.07
SURGICENTER	12	49		4,463.83		91.10	.007		371.99		.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,412	2,331		193,796.85		83.14	.315		137.25		26.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 16,036
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DIS	ABLED							

@ALL OTHER PROVIDERS	944	45 , 032	\$ 234,156.21	\$ 5.20	6.093	\$ 248.05	\$ 31.68
DURABLE MED. EQUIP.	147	506	85,294.14	168.57	.068	580.23	11.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35	4,579.64	130.85	.005	183.19	.62
MEDICAL TRANSPORTATION	183	4,470	75,683.95	16.93	.605	413.57	10.24
AMBULANCES/AIR TRANS	119	2,904	41,289.29	14.22	.393	346.97	5.59
OTHER TRANS	5	272	874.71	3.22	.037	174.94	.12
OTHER SERVICES	71	1,294	33,519.95	25.90	.175	472.11	4.54
ACUPUNCTURE	2	2	43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	13	104	6 , 957.27	66.90	.014	535.17	.94
GENETIC DISEASE TESTING	4	4	320.00	80.00	.001	80.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	4	59	6,464.26	109.56	.008	1616.07	.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	169	393	4,983.29	12.68	.053	29.49	.67
PHYSICAL THERAPIST	42	402	5,324.47	13.24	.054	126.77	.72
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	31	3,781.39	121.98	.004	180.07	.51
PROSTHETICS	13	20	3,428.69	171.43	.003	263.75	.46
ORTHOTICS	8	11	352.70	32.06	.001	44.09	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	24	1,612.84	67.20	.003	161.28	.22
HOSPICE SERVICES	1	3	704.02	234.67	.000	704.02	.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	507	6,051.40	11.94	.069	159.25	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	387	38 , 492	32,356.29	.84	5.208	83.61	4.38
@CALIF. CHILDREN SERVICES*	54	1,225	\$ 99,649.23	\$ 81.35	.166	\$ 1845.36	\$ 13.48
@XOVER EXCLUDING STATE HOSP**	957	10,015	\$ 135,424.61	\$ 13.52	1.355	\$ 141.51	\$ 18.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

11.11.111	00111111111 01 0111	VIOLO 1011 00 1122				1/01		CT
45 045			_			MON		-
15,815 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,803	48,410	\$	2,510,128.81	\$ 51.85	3.061 \$		•
@PHYSICIANS SERVICES	2,382	6 , 035	\$	264,600.84	•	.382 \$		•
OUTPATIENT VISITS	1,646	2 , 289		86,961.87	37.99	.145	52.83	5.50
OFFICE VISITS	1,485	1,931		70,049.51	36.28	.122	47.17	4.43
HOME VISITS	1	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	105	113		5 , 337.74	47.24	.007	50.84	.34
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	73	211		10,368.71	49.14	.013	142.04	.66
OTHER OUTPATIENT	28	33		1,168.52	35.41	.002	41.73	.07
INPATIENT VISITS	104	433		25 , 235.55	58.28	.027	242.65	1.60
HOSPITAL VISITS	101	349		16,965.04	48.61	.022	167.97	1.07
CRITICAL CARE	9	57		7,411.43	130.03	.004	823.49	.47
SNF/ICF/TRANS IP CARE	6	27		859.08	31.82	.002	143.18	.05
OPHTHALMOLOGICAL SERVICES	32	40		1,673.09	41.83	.003	52.28	.11
EXAMINATIONS	32	40		1,673.09	41.83	.003	52.28	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	100	511		43,534.04	85.19	.032	435.34	2.75
PRINCIPAL SURGEON	72	81		35,640.73	440.01	.005	495.01	2.25
ASSISTANT SURGEON	10	10		1,699.01	169.90	.001	169.90	.11
ANESTHESIOLOGIST	27	420		6,194.30	14.75	.027	229.42	.39
OUTPATIENT SURGERY	178	462		41,137.42	89.04	.029	231.11	2.60
PRINCIPAL SURGEON	161	218		36,100.05	165.60	.014	224.22	2.28
ASSISTANT SURGEON	3	3		202.49	67.50	.000	67.50	.01
ANESTHESIOLOGIST	34	241		4,834.88	20.06	.015	142.20	.31
DIALYSIS	1	1		54.12	54.12	.000	54.12	.00
PATHOLOGY	211	268		2,724.29	10.17	.017	12.91	.17
RADIOLOGY	687	1,044		39,613.49	37.94	.066	57.66	2.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	63	119	1,457.30)	12.25	.008	23.13		.09
OTHER SERVICES/ALL X-OVERS	231	868	22,209.67	7	25.59	.055	96.15		1.40
@PHARMACY	4,106	10,085	\$ 597,446.59	9 \$	59.24	.638	\$ 145.51	\$	37.78
PRESCRIPTION DRUGS	4,085	9,847	582,502.49	9	59.16	.623	142.60		36.83
SNF/ICF	0	0	.00)	.00	.000	.00		.00
OUTPATIENTS	4,085	9,847	582,502.49	9	59.16	.623	142.60		36.83
MEDICAL SUPPLIES	94	238	14,944.10)	62.79	.015	158.98		.94
@DENTIST	913	3,331	\$ 138,682.05	5 \$	41.63	.211	\$ 151.90	\$	8.77
VISITS - DIAGNOSTIC	654	1,947	35,166.25	5	18.06	.123	53.77		2.22
ORAL SURGERY	121	304	17,418.00)	57.30	.019	143.95		1.10
DRUGS	10	20	255.00)	12.75	.001	25.50		.02
ANESTHESIA	18	18	1,800.00)	100.00	.001	100.00		.11
PERIODONTICS	20	20	3,550.00)	177.50	.001	177.50		.22
ENDODONTICS	56	108	17,807.00)	164.88	.007	317.98		1.13
RESTORATIVE DENTISTRY	334	820	53,739.80)	65.54	.052	160.90		3.40
PROSTHETICS	0	0	.00)	.00	.000	.00		.00
DENTURES, STAYPLATES	24	80	7,481.00)	93.51	.005	311.71		. 47
SPACE MAINTAINERS	6	8	1,065.00)	133.13	.001	177.50		.07
MAXILLOFACIAL SERVICES	2	2	300.00)	150.00	.000	150.00		.02
FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2	100.00)	50.00	.000	50.00		.01
ALL OTHER SERVICES	1	2	.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PA	GE 16,038
MOP024	FEE-FOR-SERVICE/DENTA	L							01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

IRINIII COONII	SUMMARI OF SER	VICES FOR JO ALL	LAMILLI	EO			M	ONIT	HLY AVERA	CF	
15,815 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7	ERAGE COST			COST PER	.GE	COST PER
13,013 EDIGIDDES	ODERO	OR DAYS OF CARE		BALBNDITONES		R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	257	746	\$	17,286.16	\$	23.17	.047		67.26		1.09
DIAGNOSTIC AND ANC. PROCED	197	199	٧	9,051.56	Y	45.49	.013	Y	45.95	Y	.57
EYE APPLIANCES	197	545		8,157.40		14.97	.034		41.41		.52
OTHER OPTOMETRIC SERVICES	2	2		77.20		38.60	.000		38.60		.00
@CHIROPRACTOR	13	16	\$	267.52	\$	16.72	.001	Ś		\$.02
VISITS	13	16	۲	267.52	Υ	16.72	.001	Ψ	20.58	Υ	.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$	192.02	\$	38.40	.000	Ś	64.01	Ś	.01
MEDICINE/INJECTIONS	2	2	т	54.78	τ	27.39	.000	Τ.	27.39	Τ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	2		119.94		59.97	.000		119.94		.01
@HOME HEALTH AGENCY	14	32	\$	1,806.32	\$	56.45	.002	\$	129.02	\$.11
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	3	\$	193.54	\$	64.51	.000	\$	96.77	\$.01
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	52.36	\$	26.18	.000	\$	52.36	\$.00
@TOTAL HOSPITAL	2,275	9,197	\$	929,822.40	\$	101.10	.582	\$	408.71	\$	58.79
HOSP INPATIENT TOTAL	104	384		647,752.69		1686.86	.024		6228.39		40.96
HSC HOSPITALS	6	32		44,834.00		1401.06	.002		7472.33		2.83
NON-HSC HOSPITAL TOTAL	98	352		602,918.69		1712.84	.022		6152.23		38.12
ACCOMMODATIONS	97	352		147,687.03		419.57	.022		1522.55		9.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	97	352		147,687.03		419.57	.022		1522.55		9.34
ANCILLARIES	98	0		455,231.66		.00	.000		4645.22		28.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	2,231	8,813		282,069.71	32.01	.557	126.43		17.84			
MEDICAL	1,259	1,797		77,111.75	42.91	.114	61.25		4.88			
SURGERY	282	384		19,806.50	51.58	.024	70.24		1.25			
PATHOLOGY	895	2,861		32,936.82	11.51	.181	36.80		2.08			
RADIOLOGY	561	728		47,122.08	64.73	.046	84.00		2.98			
ROOM USE	974	1,338		61,306.93	45.82	.085	62.94		3.88			
CROSSOVERS/ALL OTH OUTPINT	667	1,705		43,785.63	25.68	.108	65.65		2.77			
@COUNTY HOSPITAL TOTAL	1,784	6,341	\$	372,644.79	\$ 58.77	.401	\$ 208.88	\$	23.56			
CO HOSPITAL INPATIENT TOTAL	41	98		182,813.16	1865.44	.006	4458.86		11.56			
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00			
NON-HSC HOSPITALS TOTAL	41	98		182,813.16	1865.44	.006	4458.86		11.56			
ACCOMMODATIONS	41	98		46,347.50	472.93	.006	1130.43		2.93			
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00			
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00			
ALL OTHER ACCOM	41	98		46,347.50	472.93	.006	1130.43		2.93			
ANCILLARIES	41	0		136,465.66	.00	.000	3328.43		8.63			
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00			
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00			
CO HOSP OUTPATIENT TOTAL	1,768	6,243		189,831.63	30.41	.395	107.37		12.00			
MEDICAL	1,133	1,595		67 , 258.51	42.17	.101	59.36		4.25			
SURGERY	211	297		15,311.32	51.55	.019	72.57		.97			
PATHOLOGY	708	2,082		23,658.64	11.36	.132	33.42		1.50			
RADIOLOGY	415	522		28,952.37	55.46	.033	69.76		1.83			
ROOM USE	678	823		38,210.63	46.43	.052	56.36		2.42			
CROSSOVERS/ALL OTH OUTPINT	464	924		16,440.16	17.79	.058	35.43		1.04			
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PA	AGE 16,039			
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/17/03			
TRINITY COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES											

----- MONTHLY AVERAGE -----15,815 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,856 \$ 195.09 972.39 \$ 35.23 @COMMUNITY HOSPITAL TOTAL 573 557,177.61 .181 \$ 63 1625.66 COMM HOSP INPATIENT TOTAL 286 464,939.53 .018 7379.99 29.40 32 7472.33 HSC HOSPITALS 44,834.00 1401.06 .002 2.83 57 NON-HSC HOSPITALS TOTAL 254 420,105.53 1653.96 .016 7370.27 26.56 .016 56 254 101,339.53 398.97 1809.63 ACCOMMODATIONS 6.41 .00 .00 ADMINISTRATIVE DAYS .000 .00 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 254 101,339.53 398.97 .016 1809.63 6.41 ANCILLARIES 0 318,766.00 .00 .000 5592.39 20.16 .00 .000 INPATIENT CROSSOVERS 0 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 92,238.08 COMM HOSP OUTPATIENT TOTAL 530 2,570 35.89 .163 174.03 5.83 MEDICAL 138 202 9,853.24 48.78 .013 71.40 .62 SURGERY 74 87 4,495.18 51.67 .006 60.75 210 779 PATHOLOGY 9,278.18 11.91 .049 44.18 .59 150 RADIOLOGY 206 18,169.71 88.20 .013 121.13 1.15 .033 314 515 23,096.30 44.85 73.56 1.46 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 217 781 35.01 .049 126.02 1.73 27,345.47 0 0 .00 @STATE HOSPITAL 13,400.00 .00 .000 \$.85 0 0 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 13,400.00 .00 .85 .000 197 554.21 .012 \$ 21835.69 109,178.43 6.90 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 .000 .00 LEV B-REHAB MD 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90		552.97	.012	,	21787.18		6.89
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		242.53		.00	.000		.00		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	635	1,929	\$	45,522.05	\$	23.60	.122	\$	71.69	\$	2.88
PATHOLOGY	635	1,929		45,522.05		23.60	.122		71.69		2.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,835	3,164	\$	305,802.23	\$	96.65	.200	\$	166.65	\$	19.34
CLINIC	150	542		14,939.15		27.56	.034		99.59		.94
SURGICENTER	2	11		243.41		22.13	.001		121.71		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,705	2,611		290,619.67		111.31	.165		170.45		18.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	PΖ	AGE 16,040
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAMT	LIES							

----- MONTHLY AVERAGE -----

TRINITY COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

15,815 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST :	
		OR DAYS OF CAR		PER UNIT/DAY	PER ELIG	USER	ELIGI	
@ALL OTHER PROVIDERS	705	13,668	\$ 85 , 876.30	\$ 6.28	.864	•	\$ 5	.43
DURABLE MED. EQUIP.	16	23	1,399.16	60.83	.001	87.45		.09
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	6	310.17		.000	103.39		.02
MEDICAL TRANSPORTATION	94	2,024	46,725.78	23.09	.128	497.08	2	.95
AMBULANCES/AIR TRANS	89	1,980	25,464.26	12.86	.125	286.12	1	.61
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	13	4 4	21,261.52	483.22	.003	1635.50	1	.34
ACUPUNCTURE	2	2	54.06	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	39	39	3,266.00	83.74	.002	83.74		.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24		.01
OPTICIAN	185	401	3,725.21	9.29	.025	20.14		.24
PHYSICAL THERAPIST	43	519	7,314.85	14.09	.033	170.11		.46
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	25	42	4,552.03	108.38	.003	182.08		.29
PROSTHETICS	12	27	4,025.07	149.08	.002	335.42		.25
ORTHOTICS	13	15	526.96	35.13	.001	40.54		.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	12	25	1,193.63	47.75	.002	99.47		.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	281	1,128	13,420.25	11.90	.071	47.76		.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	25	9,451	3,762.92	.40	.598	150.52		.24
@CALIF. CHILDREN SERVICES*	20	97	\$ 117,044.25	\$ 1206.64	.006	\$ 5852.21	\$ 7	.40

@XOVER EXCLUDING STATE HOSP** 22 484 \$ 4,551.76 \$ 9.40 .031 \$ 206.90 \$.29

PAGE 16,041

01/17/03

 0^{\star} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

TRINITY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

IRINIII COUNII	SUMMARI OF SER	VICES FOR 39 ALL MEDIC	ALLI INDIGENI		MON'	תמשע אווים	CF
356 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
330 ELIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	159	1,903 \$	132,939.75	\$ 69.86	5.346 \$	836.10	
@PHYSICIANS SERVICES	59	151 \$	7,115.85	\$ 47.12	.424 \$	120.61	
OUTPATIENT VISITS	27	37	1,516.92	41.00	.104	56.18	4.26
OFFICE VISITS	23	32	1,214.56	37.96	.090	52.81	3.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	241.88	60.47	.011	60.47	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.003	60.48	.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	11	29	1,865.71	64.33	.081	169.61	5.24
HOSPITAL VISITS	8	24	1,328.11	55.34	.067	166.01	3.73
CRITICAL CARE	1	3	418.60	139.53	.008	418.60	1.18
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.006	59.50	.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	11	1,230.86	111.90	.031	410.29	3.46
PRINCIPAL SURGEON	2	2	945.31	472.66	.006	472.66	2.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	285.55	31.73	.025	142.78	.80
OUTPATIENT SURGERY	3	13	492.39	37.88	.037	164.13	1.38
PRINCIPAL SURGEON	2	2	345.00	172.50	.006	172.50	.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	147.39	13.40	.031	147.39	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	63.77	12.75	.014	12.75	.18
RADIOLOGY	27	45	1,433.50	31.86	.126	53.09	4.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	11	512.70	46.61	.031	73.24	1.44
@PHARMACY	56	112 \$	3,821.11	\$ 34.12	.315 \$	68.23	
PRESCRIPTION DRUGS	56	108	3,696.53	34.23	.303	66.01	10.38
SNF/ICF	1	11	385.38	35.03	.031	385.38	1.08
OUTPATIENTS	56	97	3,311.15	34.14	.272	59.13	9.30
MEDICAL SUPPLIES	1	4	124.58	31.15	.011	124.58	.35
@DENTIST	10	25 \$	756.75	\$ 30.27	.070 \$	75.68	\$ 2.13
VISITS - DIAGNOSTIC	9	18	443.75	24.65	.051	49.31	1.25
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.003	71.00	.20
RESTORATIVE DENTISTRY	4	6	242.00	40.33	.017	60.50	.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 16,042
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	OR 59 ALL MEI	DICALLY INDIGENT				

						M	CNO	CHLY AVERA	GE	
356 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	8	\$ 180.60	\$	22.58	.022	\$	90.30	\$.51
DIAGNOSTIC AND ANC. PROCED	2	2	94.90		47.45	.006		47.45		.27
EYE APPLIANCES	2	6	85.70		14.28	.017		42.85		.24
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	7	\$ 479.29	\$	68.47	.020	\$	479.29	\$	1.35
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	186	\$ 57,460.89	\$	308.93	.522	\$	1276.91	\$	161.41
HOSP INPATIENT TOTAL	6	32	52,708.83		1647.15	.090		8784.81		148.06
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6	32	52,708.83		1647.15	.090		8784.81		148.06
ACCOMMODATIONS	6	32	10,809.85		337.81	.090		1801.64		30.36

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	32							
ALL OTHER ACCOM	6			10,809.85	337.81	.090	1801.64		30.36
ANCILLARIES	6	0		41,898.98	.00	.000	6983.16		117.69
INPATIENT CROSSOVERS	U	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	39	154		4,752.06	30.86	.433	121.85		13.35
MEDICAL	21	28		1,137.51	40.63	.079	54.17		3.20
SURGERY	2	3		295.64	98.55	.008	147.82		.83
PATHOLOGY	14	36		397.23	11.03	.101	28.37		1.12
RADIOLOGY	15	26		874.53	33.64	.073	58.30		2.46
ROOM USE	20	23		895.37	38.93	.065	44.77		2.52
CROSSOVERS/ALL OTH OUTPTNT	14	38		1,151.78	30.31	.107	82.27		3.24
@COUNTY HOSPITAL TOTAL	24	90	\$	2,233.25	\$ 24.81	.253	\$ 93.05	\$	6.27
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	24	90		2,233.25	24.81	.253	93.05		6.27
MEDICAL	15	22		732.92	33.31	.062	48.86		2.06
SURGERY	2	3		279.05	93.02	.008	139.53		.78
PATHOLOGY	11	30		313.89	10.46	.084	28.54		.88
RADIOLOGY	7	10		350.96	35.10	.028	50.14		.99
ROOM USE	10	12		434.49	36.21	.034	43.45		1.22
CROSSOVERS/ALL OTH OUTPINT	7	13		121.94	9.38	.037	17.42		.34
	MEDI-CAL SERVICES AND E		DEC					D.	AGE 16,043
MOP024	FEE-FOR-SERVICE/DENTAL	INI BINDITO.	LVIIO	MONIN OF TATRENT IN	ALIONI FON OAN	2002 11110	DEC 2002	1.7	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	5 9 <u>2</u> 11	MED	TCALLY INDICENT					01/1//03
INTINITI COONTI	SOURTHANT OF SERVICES FOR	C JJ ALL	1º1E∙L	TOWNT INDIGENT		M	ONTHLY AVERA	CF	
						_ Iv.	TOMITHE AVERY	ٔ نتی	

356 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	96	\$ 55,227.64	\$ 575.29	.270	\$ 2401.20	\$ 155.13
COMM HOSP INPATIENT TOTAL	6	32	52,708.83	1647.15	.090	8784.81	148.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	32	52,708.83	1647.15	.090	8784.81	148.06
ACCOMMODATIONS	6	32	10,809.85	337.81	.090	1801.64	30.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32	10,809.85	337.81	.090	1801.64	30.36
ANCILLARIES	6	0	41,898.98	.00	.000	6983.16	117.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	64	2,518.81	39.36	.180	148.17	7.08
MEDICAL	6	6	404.59	67.43	.017	67.43	1.14
SURGERY	0	0	16.59	.00	.000	.00	.05
PATHOLOGY	3	6	83.34	13.89	.017	27.78	.23
RADIOLOGY	8	16	523.57	32.72	.045	65.45	1.47
ROOM USE	10	11	460.88	41.90	.031	46.09	1.29
CROSSOVERS/ALL OTH OUTPTNT	8	25	1,029.84	41.19	.070	128.73	2.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	236	\$	49,113.66	\$	208.11	.663	\$	9822.73	\$	137.96
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	236		49,113.66		208.11	.663		9822.73		137.96
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	70	\$	1,131.83	\$	16.17	.197	\$	62.88	\$	3.18
PATHOLOGY	18	70		1,131.83		16.17	.197		62.88		3.18
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	89	\$	11,029.08	\$	123.92	.250	\$	229.77	\$	30.98
CLINIC	1	15		204.54		13.64	.042		204.54		.57
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	47	74		10,824.54		146.28	.208		230.31		30.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	PF	AGE 16,044
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

SOMMANT OF SER	VICES FOR 33 ALL MEDIC	ADDI INDIGENI		MON'	THIY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.0	OR DAYS OF CARE			PER ELIG	USER	ELIGIBLE
14	1,019 \$	1,850.69	\$ 1.82	2.862 \$	132.19	\$ 5.20
2	2	368.14	184.07	.006	184.07	1.03
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	234	1,206.02	5.15	.657	402.01	3.39
3	234	1,206.02	5.15	.657	402.01	3.39
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	105.00	105.00	.003	105.00	.29
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	8	69.04	8.63	.022	17.26	.19
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
OSPICE SERVICES 0 0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0				.000	.00	.00
	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 14 1,019 \$ 2 2 0 0 0 0 3 234	USERS UNITS OF SERVICE OR DAYS OF CARE 14 1,019 \$ 1,850.69 2 2 368.14 0 0 0 .00 0 0 .00 0 0 .00 3 234 1,206.02 3 234 1,206.02 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 1 1 1 1 105.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 14 1,019 \$ 1,850.69 \$ 1.82 2 2 368.14 184.07 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 3 234 1,206.02 5.15 3 234 1,206.02 5.15 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 14 1,019 \$ 1,850.69 \$ 1.82 2.862 \$ 132.19 2 2 368.14 184.07 .006 184.07 0 0 0 .00 .00 .00 .000 .000 0 0 .00 .00

LOCAL EDUCATION AGENCIES	4	9	78.72	8.75	.025	19.68	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	765	23.77	.03	2.149	23.77	.07
@CALIF. CHILDREN SERVICES*	0	5CR \$	133.79CR \$	26.76	.014CR\$.00 \$.38CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,045 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	EE-FOR-SERVICE/DENTAL						01/1						
TRINITY COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	L DIALY	SIS		AID COI	DES						
								Mo	TNC	HLY AVERAG	E			
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES			UNITS/DAY:		COST PER	COST PER			
		OR DAYS	OF CARE			PER UI		PER ELIG		USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000			\$.00			
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00			
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00			
OFFICE VISITS	0		0		.00		.00	.000		.00	.00			
HOME VISITS	0		0		.00		.00	.000		.00	.00			
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00			
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00			
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00			
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00			
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00			
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00			
CRITICAL CARE	0		0		.00		.00	.000		.00	.00			
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00			
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00			
EXAMINATIONS	0		0		.00		.00	.000		.00	.00			
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00			
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00			
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00			
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00			
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00			
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00			
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00			
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00			
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00			
DIALYSIS	0		0		.00		.00	.000		.00	.00			
PATHOLOGY	0		0		.00		.00	.000		.00	.00			
RADIOLOGY	0		0		.00		.00	.000		.00	.00			
PSYCHIATRY	0		0		.00		.00	.000		.00	.00			
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00			
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00			
@PHARMACY	0		0	\$.00	\$.00	.000	\$		\$.00			
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00			
SNF/ICF	0		0		.00		.00	.000		.00	.00			
OUTPATIENTS	0		0		.00		.00	.000		.00	.00			
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00			
@DENTIST	0		0	\$.00	\$.00	.000	\$		\$.00			
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00			
ORAL SURGERY	0		0		.00		.00	.000		.00	.00			
DRUGS	0		0		.00		.00	.000		.00	.00			
ANESTHESIA	0		0		.00		.00	.000		.00	.00			

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MONTH-	OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 16,046
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES I	FOR 60 RENAL DIALYSI	S	AID CODE	ES		

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .000 @CHIROPRACTOR \$.00 \$.00 .00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 Ś .00 \$.00 .000 .00 \$.00 0 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 \$ \$.00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST \$.00 \$ NURSE MIDWIFE .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .000 .00 0 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 . 00 .000 .00 .00 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .000 .00 .00 0 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 RADIOLOGY .00 ROOM USE .00 .00 .000 .00 0 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	C MONTH-OF	-DAVMENT DE	PORT FOR JAN 2	2002 THRU DE	'C 2002	PAGE 16,047
WOUNDED DEED OF HERMETH CERT	MEDI CAL SERVICE.	O WIND EVERINDITORE	12 MONTH OF	-LWIMPNI VP	FORT FOR OAN 2	.002 11110 DE	10 2002	
MOP024	FEE-FOR-SERVICE/		15 MONIII OF	-FAIMENI KE	FORT FOR OAN 2	.002 IIINO DE	10 2002	01/17/03
" -		DENTAL	DIALYSIS	-FAIMENI KE	AID COL		10 2002	
MOP024	FEE-FOR-SERVICE/	DENTAL		-FAIMENI KE		DES	THLY AVERA	01/17/03
MOP024	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL	L DIALYSIS	ENDITURES	AID COD	DES		01/17/03
MOP024 TRINITY COUNTY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI	L DIALYSIS		AID COD	DES MON	ITHLY AVERA	01/17/03 GE
MOP024 TRINITY COUNTY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	L DIALYSIS		AID COD	DES MON UNITS/DAYS	ITHLY AVERA COST PER USER	01/17/03 GE COST PER
MOP024 TRINITY COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES	AID COD AVERAGE COST PER UNIT/DAY	DES MON UNITS/DAYS PER ELIG	ITHLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES	AID COD AVERAGE COST PER UNIT/DAY \$.00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERA COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR 60 RENAI JNITS OF SERVICE	DIALYSIS EXP	ENDITURES .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									
CROSSOVERS/ALL OTH OUTPINT	0		<u>_</u>	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@STATE HOSPITAL	U	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	ċ		ċ			Ċ		ċ	
@INTERMEDIATE CARE FACILDD	U		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Τ.	.00	т	.00	.000	Τ	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	ċ	.00	.000	ċ	.00	\$	
@LABORATORY FACILITY	0		Ą		\$			\$		Ş	.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	PORT.			DEC 2		P	AGE 16,048
MOP024	FEE-FOR-SERVICE/D				11 01(1	1010 01110 2	1002 1111(0 1	2002	2002		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE		T D	TATVCTC		AID COI	T C				01/11/03
ININIII COONII	SOMMANI OF SERVIC	ANIEM OU NEWA	. и и	IALISIS		AID COI	M(אוחנוז	V AUDDA	~ -	
00 ELIGIBLES	USERS U	TIME OF CEDITOR		EXPENDITURES	7/ 7 7 77		UNITS/DAYS		DST PER		
00 FFIGIPTE2		NITS OF SERVICE		EXPENDITURES			PER ELIG	5 ((COST PER
		OR DAYS OF CARE		0.0				Ċ	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ş		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
GENETIC DISEASE TESTING	0	0									.00
IHMC, MODEL-NF, NF, AIDS, MSSP	ŭ	•		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,049
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION ALD CODES

TRINITY COUNTY	SUMMARY OF SERV	VICES FOR 61 TOTAL	PARENTERAL NUTRITION	AID COL	ES		
					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURE	S MONTH-O	F-PAYMENT REI	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 16,050
MOP024	FEE-FOR-SERVICE/DENTA	AL						01/17/03
	~							

TRINITY COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

O						MON'	THLY AVERAG	E
GOPTOMETRIST 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
DIAGNOSTIC AND ANC. PROCED 0			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
EYE APPLIANCES 0 0 .00	@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 @CHIROPRACTOR 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 <td< td=""><td>DIAGNOSTIC AND ANC. PROCED</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
VISITS 0 0 .00	OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 @PODIATRIST 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00	@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PODIATRIST 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <t< td=""><td>VISITS</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	VISITS	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS 0 0 .00	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
SURGERY/ANES. 0 0 .00	@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
RADIO./PATHOLOGY 0 0 0 .00 .00 .000 .00 .00 .00 OTHER 0 0 0 .00 .000 .000 .000 .000 .000 .0	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
OTHER 0 0 .00 .00 .00 .00 .00 .00 @HOME HEALTH AGENCY 0 0 \$.00	SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY 0 0 \$.00	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST 0 0 \$.00 \$ <td>OTHER</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	OTHER	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE 0 0 \$.00 \$	@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$	NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00	NURSE MIDWIFE	0		.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00	PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00	HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 16,051
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MONT	HLY AVERAGE	

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 . 00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .000 @NURSING FACILITY .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPE	ENDITURE	ES MO	ONTH-OF-PAYMENT RE	PORT :	FOR JAN	2002 THRU	DEC	2002	PA	GE 16,052
MOP024	FEE-FOR-SERVICE/D	ENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	ES FOR 6	51 TOTAI	L PAI	RENTERAL NUTRITION		AID CO	DES				
								M	TINC	HLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF S	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	s c	COST PER	С	OST PER
		OR DAYS (OF CARE			PER 1	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00			.00		
			()		- ()()		- ()()	.000		- ()()		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,053 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 .00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 16,054

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

FEE-FOR-SERVICE/DENTAL

MOP024

TRINITY COUNTY

01/17/03

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .00 .000 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 @TOTAL HOSPITAL .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	. (.000	.00	.00
MEDICAL	0	0	.00	. (.000	.00	.00
SURGERY	0	0	.00	. (.000	.00	.00
PATHOLOGY	0	0	.00	. (.000	.00	.00
RADIOLOGY	0	0	.00	. (.000	.00	.00
ROOM USE	0	0	.00	. (.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	. (.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	\$.00	\$.(.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	. (.000	.00	.00
HSC HOSPITALS	0	0	.00	. (.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000		.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	. (.000	.00	.00
MEDICAL	0	0	.00	. (.000	.00	.00
SURGERY	0	0	.00	. (.000	.00	.00
PATHOLOGY	0	0	.00	. (.000	.00	.00
RADIOLOGY	0	0	.00	. (.000	.00	.00
ROOM USE	0	0	.00	. (.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT	REPORT FOR 3	JAN 2002 THRU	J DEC 2002	PAGE 16,055
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	62 IRCA A	ALIENS	AID CODES 51	1 52 56		

TRINITY COUNTY

SUMMARY OF SERVICES FOR 62 IRCA ALIENS

ON ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG

DESCRIPTION FOR THE PER UNIT/DAY PER ELIG

OR DAYS OF CARE

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	_	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	Ş	.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	_	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	Ş	.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT	REPORT	FOR JAN 20	02 THRU	DEC 2002		PA	GE 16,056
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	Ì	AID CO	DES 51 52 5					
						_	M	'A YLHTNC	/ERA	.GE -	

						MONT	THLY AVERAGE	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	5	.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	\$.00	\$.00	.000 \$.00	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,057 MOP024

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F 01/17/03

TRINITY COUNTY

					MON	THLY AVERAG	SE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	4 \$	273.80	\$ 68.45	.800 \$	136.90	\$ 54.76
@PHYSICIANS SERVICES	0	0 \$	127.16	\$.00	.000 \$.00	\$ 25.43
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.20CR	.00	.000	.00	.04CR
HOSPITAL VISITS	0	0	.20CR	.00	.000	.00	.04CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	25.47
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	25.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DEC	2002	PAGE 16,058

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----USERS 05 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 @HOME HEALTH AGENCY .00 \$.000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .00 .000 \$.00 13.75 13.75 13.75 \$ 2.75 @TOTAL HOSPITAL .200 \$.00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

01/17/03

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1		13.75	13.75	.200	13.75		2.75
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		12.39	12.39	.200	12.39		2.48
PATHOLOGY	0	0		1.36	.00	.000	.00		.27
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	1	1	\$	13.75	\$ 13.75	.200 \$	13.75	\$	2.75
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		13.75	13.75	.200	13.75		2.75
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		12.39	12.39	.200	12.39		2.48
PATHOLOGY	0	0		1.36	.00	.000	.00		.27
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PF	AGE 16,059
MOP024	FEE-FOR-SERVICE/	DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	ICES FOR 63 MI/N	MN ALIE	EN WITHOUT SIS A	ID CODE 55 58 5	5F			
						MON'	THLY AVERA	.GE -	
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	C	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00

					11011		,
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	100.67	\$	33.56	.600	\$	100.67	\$	20.13
PATHOLOGY	1	3		100.67		33.56	.600		100.67		20.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	32.22	\$.00	.000	\$.00	\$	6.44
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		32.22		.00	.000		.00		6.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PP	AGE 16,060
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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05 51 56 55 56						THLY AVERA	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,061 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL								01/1//03
TRINITY COUNTY	SUMMARY OF SER	VICES FOR	64 REF	UGEES	A	ID COI	DES 01 02	08		
									HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES			UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00
OFFICE VISITS	0		0		.00		.00	.000	.00	.00
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	0		0		.00		.00	.000	.00	.00
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00	.00
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	0		0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00	.00
ORAL SURGERY	0		0		.00		.00	.000	.00	.00
DRUGS	0		0		.00		.00	.000	.00	.00
ANESTHESIA	0		0		.00		.00	.000	.00	.00

PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	RES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU D	EC 2002	PA	GE 16,062
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	ES FOR	64 REFU	JGEES	AI	D CODES 01 02	08			
							MO	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF	SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS	OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
0	^		^	A	0.0	A	000	ά ο ο ο	<u>~</u>	0.0

0 \$ 0 \$ 0 \$ 0 \$

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@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

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FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		•		.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00		.00		.00
HSC HOSPITALS	0	0		.00	.00		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU	DEC 2002	Р	AGE 16,063
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 64 REFU	JGEES	A	ID CODES 01	02 08			
						N	MONTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	YS COST PER		COST PER
		OR DAYS OF CARE	C			DAY PER ELIC			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00			\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00

						-
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 0	OR DAYS OF CARE OR DAYS OF CARE O \$.00 \$.00 O .00 .00	OR DAYS OF CARE O	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00

DOTGERT	O O	O .		• 0 0		• 0 0	. 0 0 0		• 0 0		• 0 0
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Υ	.00	.000	7	.00	Ψ	.00
	0	0		.00		.00	.000		.00		
DEVELOP. DISABLED	0		Ċ		Ċ			Ċ		ċ	.00
@NURSING FACILITY	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	Ü	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		\$.00	.000	Ċ	.00	Ċ	.00
	0	0	٧	.00	Y	.00	.000	Y	.00	Y	
HOSPITAL BASED	0										.00
HEMODIALYSIS CENTER	0	0	<u>^</u>	.00	<u>~</u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CERVI	CES AND EXPENDITU	DEC MO					DEC		ъ.	AGE 16,064
MOP024			KES MC	NIH-OF-PAIMENI RE	EPURI	FOR JAN 2	2002 IHRU	DEC	2002	P	01/17/03
	FEE-FOR-SERVICE			7.7	TD 00	DEG 01 00	0.0				01/1//03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 64 REF	JGEES	Al	ID CO	DES UI UZ				~-	
			_				M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
ACUPUNCTURE	· · · · · · · · · · · · · · · · · · ·	•		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
	-	-		· · ·							

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SURGERY

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0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00 \$.00
0	0	\$.00	\$.00	.000 \$.00 \$.00
	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 \$.00 \$	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000	0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 <

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,065 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 65 BCCT	P-FED	ERAL	AID CODES OM	ON		
						MON	THLY AVERA	GE
28 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	58	1,694	\$	121,685.03	\$ 71.83	60.500 \$	2098.02	\$ 4345.89
@PHYSICIANS SERVICES	38	859	\$	23,795.50	\$ 27.70	30.679 \$	626.20	\$ 849.84
OUTPATIENT VISITS	23	42		1,212.28	28.86	1.500	52.71	43.30
OFFICE VISITS	23	42		1,212.28	28.86	1.500	52.71	43.30
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	6	30		1,495.00	49.83	1.071	249.17	53.39
HOSPITAL VISITS	6	27		1,130.20	41.86	.964	188.37	40.36
CRITICAL CARE	2	3		364.80	121.60	.107	182.40	13.03
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	53		2,856.60	53.90	1.893	571.32	102.02
PRINCIPAL SURGEON	3	5		1,806.77	361.35	.179	602.26	64.53
ASSISTANT SURGEON	2	2		289.65	144.83	.071	144.83	10.34
ANESTHESIOLOGIST	3	46		760.18	16.53	1.643	253.39	27.15
OUTPATIENT SURGERY	7	16		1,727.76	107.99	.571	246.82	61.71
PRINCIPAL SURGEON	6	6		1,471.09	245.18	.214	245.18	52.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10		256.67	25.67	.357	128.34	9.17
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	15		450.95	30.06	.536	50.11	16.11
RADIOLOGY	19	125		11,144.60	89.16	4.464	586.56	398.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	526		1 , 975.98	3.76	18.786	247.00	70.57
OTHER SERVICES/ALL X-OVERS	16	52		2,932.33	56.39	1.857	183.27	104.73
@PHARMACY	43	211	\$	11,822.36	\$ 56.03	7.536 \$	274.94	\$ 422.23
PRESCRIPTION DRUGS	43	157		11,165.29	71.12	5.607	259.66	398.76
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	157		11,165.29	71.12	5.607	259.66	398.76

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	5	54	657.07	12.17	1.929	131.41	23.47
@DENTIST	6	16 \$	1,537.00	\$ 96.06	.571 \$	256.17	\$ 54.89
VISITS - DIAGNOSTIC	3	6	220.00	36.67	.214	73.33	7.86
ORAL SURGERY	3	3	175.00	58.33	.107	58.33	6.25
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	4	975.00	243.75	.143	975.00	34.82
RESTORATIVE DENTISTRY	2	3	167.00	55.67	.107	83.50	5.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEG	C 2002	PAGE 16,066
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	. 65 BCCTP-F	EDERAL	AID CODES OM	ON		
					MON'	THLY AVERAC	GE
28 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	4 \$	100.56	\$ 25.14	.143 \$	100.56	\$ 3.59
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.036	47.45	1.69
EYE APPLIANCES	1	3	53.11	17.70	.107	53.11	1.90

28 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY			ELIGIBLE
@OPTOMETRIST	1	4	\$	100.56	\$.143		
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.036	47.45	1.69
EYE APPLIANCES	1	3		53.11		17.70	.107	53.11	1.90
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.071	\$ 16.72	\$ 1.19
VISITS	2	2		33.44		16.72	.071	16.72	1.19
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	3	15	\$	1,018.50	\$	67.90	.536	\$ 339.50	\$ 36.38
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	422	\$	78,806.69	\$	186.75	15.071	\$ 2814.52	\$ 2814.52
HOSP INPATIENT TOTAL	6	32		63,648.11		1989.00	1.143	10608.02	2273.15
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	32		63,648.11		1989.00	1.143	10608.02	2273.15
ACCOMMODATIONS	6	32		15,708.85		490.90	1.143	2618.14	561.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	6	32		15,708.85		490.90	1.143	2618.14	561.03
ANCILLARIES	6	0		47,939.26		.00	.000	7989.88	1712.12
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	390		15,158.58		38.87	13.929	583.02	541.38
MEDICAL	11	32		551.91		17.25	1.143	50.17	19.71
SURGERY	4	4		204.24		51.06	.143	51.06	7.29
PATHOLOGY	18	68		798.37		11.74	2.429	44.35	28.51
RADIOLOGY	11	97		6,137.29		63.27	3.464	557.94	219.19
ROOM USE	6	15		834.62		55.64	.536	139.10	29.81

@COUNTY HOSPITAL TOTAL 6 38 \$ 24,682.19 \$ 649.53 1.357 \$ 4113.70 \$ 881.51 CO HOSPITAL INPATIENT TOTAL 2 13 24,141.44 1857.03 .464 12070.72 862.19 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 2 13 24,141.44 1857.03 .464 12070.72 862.19 ACCOMMODATIONS 2 13 6,922.50 532.50 .464 3461.25 247.23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPINT	PINT 13	174	6,632.15	38.12	6.214	510.17	236.86
CO HOSPITAL INPATIENT TOTAL 2 13 24,141.44 1857.03 .464 12070.72 862.19 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 2 13 24,141.44 1857.03 .464 12070.72 862.19 ACCOMMODATIONS 2 13 6,922.50 532.50 .464 3461.25 247.23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00	COUNTY HOSPITAL TOTAL	6	38 \$	•			4113.70	\$ 881.51
HSC HOSPITALS 0 0 .00	CO HOSPITAL INPATIENT TOTAL	OTAL 2	13	•	•			•
NON-HSC HOSPITALS TOTAL 2 13 24,141.44 1857.03 .464 12070.72 862.19 ACCOMMODATIONS 2 13 6,922.50 532.50 .464 3461.25 247.23 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	•			.00	.00
ACCOMMODATIONS 2 13 6,922.50 532.50 .464 3461.25 247.23 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00		2						
ADMINISTRATIVE DAYS 0 0 .00		_ 2						
	ADMINISTRATIVE DAYS	0	0	•		.000	.00	.00
	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 2 13 6,922.50 532.50 .464 3461.25 247.23	ALL OTHER ACCOM	2	13	6,922.50	532.50	.464	3461.25	247.23
ANCILLARIES 2 0 17,218.94 .00 .000 8609.47 614.96	ANCILLARIES	2	0	17,218.94	.00	.000	8609.47	614.96
INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL 5 25 540.75 21.63 .893 108.15 19.31	CO HOSP OUTPATIENT TOTAL	5	25	540.75	21.63	.893	108.15	19.31
MEDICAL 1 1 149.65 149.65 .036 149.65 5.34	MEDICAL	1	1	149.65	149.65	.036	149.65	5.34
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY 5 22 261.60 11.89 .786 52.32 9.34	PATHOLOGY	5	22	261.60	11.89	.786	52.32	9.34
RADIOLOGY 1 2 129.50 64.75 .071 129.50 4.63	RADIOLOGY	1	2	129.50	64.75	.071	129.50	4.63
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00	ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPINT	PTNT 0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,067	CALIF DEPT OF HEALTH SERV	<pre>/ MEDI-CAL SERVICES AND EXPE</pre>	INDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	002 THRU DEC	C 2002	PAGE 16,067
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N	TRINITY COUNTY	SUMMARY OF SERVICES FOR 6	55 BCCTP-FED	ERAL	AID CODES OM			
MONTHLY AVERAGE								-
28 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	28 ELIGIBLES			EXPENDITURES				
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE					- '			
@COMMUNITY HOSPITAL TOTAL 25 384 \$ 54,124.50 \$ 140.95 13.714 \$ 2164.98 \$ 1933.02			•	•	•	·		•
COMM HOSP INPATIENT TOTAL 5 19 39,506.67 2079.30 .679 7901.33 1410.95		AL 5		•				
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	-					
NON-HSC HOSPITALS TOTAL 5 19 39,506.67 2079.30 .679 7901.33 1410.95	NON-HSC HOSPITALS TOTAL	5		•				
ACCOMMODATIONS 5 19 8,786.35 462.44 .679 1757.27 313.80		5		•				
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00		0	-					
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	22	365		14,617.83		40.05	13.036		664.45		522.07
MEDICAL	10	31		14,617.83 402.26 204.24 536.77 6,007.79 834.62 6,632.15		12 98	1 107		40.23		14.37
SURGERY				204 24		51 06	1.107		51.06		7.29
PATHOLOGY	13	4 46 95 15 174		526 77		11 67	1 642				
	10	40		550.77		(2.24	2 202		41.29 600.78 139.10 510.17		214.56
RADIOLOGY	6	95		6,007.79		63.24	3.393		120 10		214.30
ROOM USE	13	13		834.62		33.64	.536		139.10		29.81
CROSSOVERS/ALL OTH OUTPTNT	13	1/4		6,632.15		38.12	6.214		510.17		236.86
@STATE HOSPITAL	U	Ü	\$	• 0 0	Y	. 00			.00	Ş	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00		
LEV A-INTERMEDIATE	0	0		• • • •		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.000				
ICF DDH	0	0	т.	.00	т.	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000		.00	ċ	
-	0	0	Y	.00	۲	.00	.000	۲	.00		.00
HOSPITAL BASED	0										
HEMODIALYSIS CENTER GREHABILITATION FACILITY	U	0		.00		.00	.000		.00		.00
CIGHIDIDITITION THOUBETT	· ·	0	\$.00		.00	.000		.00		
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	47	\$	1,460.92	\$	31.08			104.35	\$	52.18
PATHOLOGY	14	47		1,460.92		31.08	1.679		104.35		52.18
XO AND OTHERS	0	0 19		1,460.92		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	19	\$	1,531.88	\$	80.63	.679	\$	117.84	\$	54.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 13	19		.00 .00 1,531.88		80.63	. 679		.00 .00 .00		54.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	as Mo	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	002 THRII	DEC	2002	P7	AGE 16.068
	FEE-FOR-SERVICE		10 110		DI OI(I	1010 01110 2	1002 11110	DLC	2002		01/17/03
		CES FOR 65 BCCTE	_ ===	NED A T	7 T D	CODEC OM	ON				01/1//03
TRINIII COUNTI	SUMMARI OF SERVI	CES FOR 05 BCC1E		DERAL	AID	CODES OM	M		מדע אזזבטא	CF -	
28 ELIGIBLES	USERS	INTER OF CEDUTCE		EXPENDITURES	7/2/27	DACE COCE					COST PER
79 FFIGIRES				EXPENDITURES							
0		OR DAYS OF CARE		1 550 10	PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	99	Ş	1,578.18	Ş	15.94	3.536		263.03		
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0 3 3 0	0 0 0 68 68		1,578.18 .00 .00 .00 1,064.90 1,064.90		15.66	.000 .000 .000 2.429 2.429 .000 .000		354.97		38.03
AMBULANCES/AIR TRANS	3	68		1,064.90		15.66	2.429		354.97		38.03
OTHER TRANS	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	ŭ	•		• 5 0					• 0 0		

5 5 0

0

19

0

0

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

8,786.35 30,720.32

.00

.00

462.44

.00

.00

.00

1757.27

6144.06

.00

.00

.679

.000

.000

.000

313.80

1097.15

.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.071	26.08	.93
PHYSICAL THERAPIST	2	27	348.20	12.90	.964	174.10	12.44
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	139.00	69.50	.071	139.00	4.96
PROSTHETICS	1	2	139.00	69.50	.071	139.00	4.96
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,069
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

ININIII COUNII	SUMMARI OF SER	AICES LOW OO DCCIL-SI	AIE-ONLI	AID CODES OF	01		
					MON	ITHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	39 \$	2,913.36	\$ 74.70	7.800 \$	291.34	\$ 582.67
@PHYSICIANS SERVICES	6	20 \$	1,305.72	\$ 65.29	4.000 \$	217.62	\$ 261.14
OUTPATIENT VISITS	3	4	245.10	61.28	.800	81.70	49.02
OFFICE VISITS	3	4	245.10	61.28	.800	81.70	49.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	239.58	29.95	1.600	119.79	47.92
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	78.18	78.18	.200	78.18	15.64
ANESTHESIOLOGIST	1	7	161.40	23.06	1.400	161.40	32.28
OUTPATIENT SURGERY	1	7	777.04	111.01	1.400	777.04	155.41
PRINCIPAL SURGEON	1	2	669.02	334.51	.400	669.02	133.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	1.000	108.02	21.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	44.00	44.00	.200	44.00	8.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	0
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	0
@PHARMACY	4	6 \$	1,095.51	\$ 182.59	1.200	\$ 273.88	\$ 219.10	0
PRESCRIPTION DRUGS	4	6	1,095.51	182.59	1.200	273.88	219.10	0
SNF/ICF	0	0	.00	.00	.000	.00	.00	0
OUTPATIENTS	4	6	1,095.51	182.59	1.200	273.88	219.10	0
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	0
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00	0
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	0
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	0
DRUGS	0	0	.00	.00	.000	.00	.00	0
ANESTHESIA	0	0	.00	.00	.000	.00	.00	0
PERIODONTICS	0	0	.00	.00	.000	.00	.00	0
ENDODONTICS	0	0	.00	.00	.000	.00	.00	0
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	0
PROSTHETICS	0	0	.00	.00	.000	.00	.00	0
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	0
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	0
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	0
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	0
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	0
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 16,0	070
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/	/03

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

TRINITY COUNTY

						M	ONT	HLY AVERA	GE.	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	10	\$ 332.59	\$	33.26	2.000	\$	83.15	\$	66.52
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	4	10	332.59	33.26	2.000	83.15	66.52
MEDICAL	1	1	71.66	71.66	.200	71.66	14.33
SURGERY	1	1	25.00	25.00	.200	25.00	5.00
PATHOLOGY	3	5	48.87	9.77	1.000	16.29	9.77
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	187.06	62.35	.600	93.53	37.41
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00			
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON			2002 THRU DEC	2002	PAGE 16,071
MOP024	FEE-FOR-SERVICE	/DENTAL	TH-OF-PAYMENT RE		2002 THRU DEC	2002	PAGE 16,071 01/17/03
	FEE-FOR-SERVICE		TH-OF-PAYMENT RE		ОТ		01/17/03
MOP024 TRINITY COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 66 BCCTP-STAT	TH-OF-PAYMENT RE E-ONLY	PORT FOR JAN 2	0T MONT	THLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE	DENTAL CICES FOR 66 BCCTP-STATE UNITS OF SERVICE	TH-OF-PAYMENT RE	PORT FOR JAN 2 AID CODES OR AVERAGE COST	OT MONT UNITS/DAYS	THLY AVERA	01/17/03 GE COST PER
MOP024 TRINITY COUNTY 05 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE E-ONLY EXPENDITURES	PORT FOR JAN 2 AID CODES OR AVERAGE COST PER UNIT/DAY	OT MONT UNITS/DAYS PER ELIG	THLY AVERAGE COST PERUSER	01/17/03 GE COST PER ELIGIBLE
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4	JOENTAL TICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26	OT MONT UNITS/DAYS PER ELIG 2.000 \$	THLY AVERAGE OST PER USER 83.15	01/17/03 GE COST PER ELIGIBLE \$ 66.52
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	DENTAL TICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000	THLY AVERAC COST PER USER 83.15 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4	JOENTAL TICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$	THLY AVERAC COST PER USER 83.15 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000	THLY AVERAC COST PER USER 83.15 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00	0T MONT UNITS/DAYS PER ELIG 2.000 \$.000	THLY AVERAC COST PER USER 83.15 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000	CHLY AVERAC COST PER USER 83.15 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000	CHLY AVERAGE OF THE USER 83.15 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000	CHLY AVERAC COST PER USER 83.15 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JOENTA	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000	CHLY AVERAGE USER USER 83.15 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JOENTA	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	THLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JOENTA	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 10	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 10 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 10 1 1 1 5 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	JOENTAL JICES FOR 66 BCCTP-STAT: UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 10 11	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 10 1 1 1 5 0 3	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAGE OST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 TRINITY COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 4 0	UNITS OF SERVICE OR DAYS OF CARE 10 \$ 0 0 0 0 0 0 0 0 10 1 1 1 5 0 3 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 332.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 33.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 2.000 \$.000 .000 .000 .000 .000 .000 .00	CHLY AVERAC COST PER USER 83.15 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 66.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

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0

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B SOBACOTE HISTER BASED	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
	0	0 6					
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3 \$	179.54	\$ 59.85	.600 \$		\$ 35.91
PATHOLOGY	2	3	179.54	59.85	.600	89.77	35.91
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 16,072
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES	FOR 66 BCCTP-ST	ATE-ONLY	AID CODES OR	OT		
					MONT	HLY AVERAG	SE
05 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
IIDDIOID IIUMOIOMIIIIIOM	V	· ·	• 0 0	.00	.000	• 0 0	.00

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	S	.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	S	.00	\$.00	.000	\$.00	\$.00	
A* TOTATO IN TUROR ITMED ADE CIVEN	AC A CEDADATE T	NEODMATTON TTE	· ∨ TIM ∩ M'						

 $[\]ensuremath{\text{@}}^\star$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,073
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MOI	NTHLY AVERA	\GE	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	68	1,733	\$ 124,598.39	\$ 71.90	52.515	\$ 1832.33	\$	3775.71
@PHYSICIANS SERVICES	44	879	\$ 25,101.22	\$ 28.56	26.636	\$ 570.48	\$	760.64
OUTPATIENT VISITS	26	46	1,457.38	31.68	1.394	56.05		44.16
OFFICE VISITS	26	46	1,457.38	31.68	1.394	56.05		44.16
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	6	30	1,495.00	49.83	.909	249.17		45.30
HOSPITAL VISITS	6	27	1,130.20	41.86	.818	188.37		34.25
CRITICAL CARE	2	3	364.80	121.60	.091	182.40		11.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	61	3,096.18	50.76	1.848	442.31		93.82
PRINCIPAL SURGEON	3	5	1,806.77	361.35	.152	602.26		54.75
ASSISTANT SURGEON	3	3	367.83	122.61	.091	122.61		11.15
ANESTHESIOLOGIST	4	53	921.58	17.39	1.606	230.40		27.93
OUTPATIENT SURGERY	8	23	2,504.80	108.90	.697	313.10		75.90
PRINCIPAL SURGEON	7	8	2,140.11	267.51	.242	305.73		64.85

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	364.69	24.31	.455	121.56	11.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	15	450.95	30.06	.455	50.11	13.67
RADIOLOGY	20	126	11,188.60	88.80	3.818	559.43	339.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	526	1,975.98	3.76	15.939	247.00	59.88
OTHER SERVICES/ALL X-OVERS	16	52	2,932.33	56.39	1.576	183.27	88.86
@PHARMACY	47	217	\$ 12,917.87	\$ 59.53	6.576	\$ 274.85	\$ 391.45
PRESCRIPTION DRUGS	47	163	12,260.80	75.22	4.939	260.87	371.54
SNF/ICF	0	0	.00	.00		.00	.00
OUTPATIENTS	47	163	12,260.80	75.22	4.939	260.87	371.54
MEDICAL SUPPLIES	5	54	657.07	12.17	1.636	131.41	19.91
@DENTIST	6	16	\$ 1,537.00	\$ 96.06	.485	\$ 256.17	\$ 46.58
VISITS - DIAGNOSTIC	3	6	220.00	36.6	.182	73.33	6.67
ORAL SURGERY	3	3	175.00	58.33	.091	58.33	5.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	4	975.00	243.75	.121	975.00	29.55
RESTORATIVE DENTISTRY	2	3	167.00	55.67	.091	83.50	5.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 16,074

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

#CALIF DEPT OF HEALTH SERV

----- MONTHLY AVERAGE -----33 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 100.56 \$ @OPTOMETRIST 4 25.14 .121 \$ 100.56 \$ 3.05 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .030 47.45 1.44 EYE APPLIANCES 53.11 17.70 .091 53.11 1.61 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 33.44 \$ 16.72 @CHIROPRACTOR .061 \$ 16.72 \$ 1.01 33.44 16.72 .00 .00 VISITS .061 16.72 1.01 0 OTHER SERVICES .000 .00 .00 @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. Ω .00 .000 .00 . 00 .00 0 RADIO./PATHOLOGY .00 .000 .00 0 .00 .00 OTHER .00 .000 .00 3 15 1,018.50 \$ 67.90 339.50 \$ @HOME HEALTH AGENCY .455 \$ 30.86 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 0 \$.00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 FAMILY NURSE PRACTITIONER .000 \$.00 \$ 79,139.28 13.091 \$ 2473.10 \$ 2398.16 32 432 \$ 183.19 @TOTAL HOSPITAL 32 63,648.11 1989.00 .970 10608.02 1928.73 HOSP INPATIENT TOTAL .000 .00 .970 10608.02 HSC HOSPITALS 0 0 .00 .00 .00 32 NON-HSC HOSPITAL TOTAL 63,648.11 1989.00 1928.73 ACCOMMODATIONS 15,708.85 490.90 .970 2618.14 476.03

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32		15,708.85	490.90	.970	2618.14	476.03
ANCILLARIES	6	0		47,939.26	.00	.000	7989.88	1452.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	400		15,491.17	38.73	12.121	516.37	469.43
MEDICAL	12	33		623.57	18.90	1.000	51.96	18.90
SURGERY	5	5		229.24	45.85	.152	45.85	6.95
PATHOLOGY	21	73		847.24	11.61	2.212	40.34	25.67
RADIOLOGY	11	97		6,137.29	63.27	2.939	557.94	185.98
ROOM USE	8	18		1,021.68	56.76	.545	127.71	30.96
CROSSOVERS/ALL OTH OUTPTNT	13	174		6,632.15	38.12	5.273	510.17	200.97
@COUNTY HOSPITAL TOTAL	6	38	\$	24,682.19	\$ 649.53	1.152	\$ 4113.70	\$ 747.95
CO HOSPITAL INPATIENT TOTAL	2	13		24,141.44	1857.03	.394	12070.72	731.56
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	13		24,141.44	1857.03	.394	12070.72	731.56
ACCOMMODATIONS	2	13		6,922.50	532.50	.394	3461.25	209.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	13		6,922.50	532.50	.394	3461.25	209.77
ANCILLARIES	2	0		17,218.94	.00	.000	8609.47	521.79
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	25		540.75	21.63	.758	108.15	16.39
MEDICAL	1	1		149.65	149.65	.030	149.65	4.53
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	22		261.60	11.89	.667	52.32	7.93
RADIOLOGY	1	2		129.50	64.75	.061	129.50	3.92
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTI	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 16,075
MOP024	FEE-FOR-SERVICE/DENTA	ΔL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES F	OR 67 BCC	TP-TOTAL					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 33 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 54,457.09 \$ 138.22 11.939 \$ 1877.83 \$ 1650.21 @COMMUNITY HOSPITAL TOTAL 29 394 \$.576 COMM HOSP INPATIENT TOTAL 5 19 39,506.67 2079.30 7901.33 .00 HSC HOSPITALS 0 .00 .00 .000 19 2079.30 .576 NON-HSC HOSPITALS TOTAL 39,506.67 7901.33 1197.17 462.44 .576 .00 .000 .00 .000 462.44 .576 .00 .000 ACCOMMODATIONS 19 8,786.35 462.44 1757.27 266.25 .00 .00 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE 0 .00 .00 19 8,786.35 1757.27 266.25 ALL OTHER ACCOM 30,720.32 6144.06 930.92 0 ANCILLARIES 0 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 375 14,950.42 39.87 11.364 575.02 453.04 .970 11 32 473.92 43.08 14.36 MEDICAL 14.81 229.24 .152 45.85 SURGERY 45.85 585.64 17.75 16 51 36.60 PATHOLOGY 11.48 1.545 10 63.24 2.879 RADIOLOGY 6,007.79 600.78 ROOM USE 8 18 1,021.68 56.76 .545 127.71 30.96 CROSSOVERS/ALL OTH OUTPINT 13 174 6,632.15 38.12 5.273 510.17 200.97 @STATE HOSPITAL .00 \$.00 .000 \$.00 \$.00

MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	50 \$	1,640.46	\$	32.81	1.515	\$	102.53	\$	49.71
PATHOLOGY	16	50	1,640.46		32.81	1.515		102.53		49.71
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	19 \$	1,531.88	\$	80.63	.576	\$	117.84	\$	46.42
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	19	1,531.88		80.63	.576		117.84		46.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 16,076

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL 01/17/03

ININIII COUNII	SUMMARI OF SER	VICES FOR 0/ BCCIF-101A	7.17				
					MON	NTHLY AVERAGI	E
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	99 \$	1,578.18	\$ 15.94	3.000	\$ 263.03	\$ 47.82
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	68	1,064.90	15.66	2.061	354.97	32.27
AMBULANCES/AIR TRANS	3	68	1,064.90	15.66	2.061	354.97	32.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.061	26.08	.79
PHYSICAL THERAPIST	2	27	348.20	12.90	.818	174.10	10.55
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	139.00	69.50	.061	139.00	4.21
PROSTHETICS	1	2	139.00	69.50	.061	139.00	4.21
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,077
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERV	ICES FOR	68 QMB	- ONLY		AID CO	DDE		
						MOI	NTHLY AVERA	GE
USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
		USERS UNITS OF	USERS UNITS OF SERVICE	USERS UNITS OF SERVICE OR DAYS OF CARE O	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 \$.00 0 0 \$.00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OS \$.00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE O	USERS

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	•	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	Y	.00	Ÿ	.00	.000	Y	.00	۲	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0	•	\$.00	\$.00	.000	\$.00	\$.00
@DENTIST	0	0	Ą		Ą			Ą	.00	Ą	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000				
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000				.00
ANESTHESIA	0	U		.00		.00	.000		.00		.00
PERIODONTICS	0	U		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	S MONT	TH-OF-PAYMENT R	REPORT I	FOR JAN 2	2002 THRU	DEC 2	2002	PA	GE 16,078
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVI	CES FOR 68 QMB -	ONLY			AID CO	ODE				
							M				
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		ST PER		OST PER
		OR DAYS OF CARE					PER ELIG		USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		\$.00	\$.00	.000		.00	\$.00

EMBLY MURSE PRACTITIONER 0 0 \$.00 \$.00 .00 \$			0 4	0.0	•	000 6	0.0	*
HOSE INBATIENT TOTAL 0 0 0 0 0 0 00 00 00 00 00 00 00 00 NON-HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U						•
NON-HSC HOSPITAL TOTAL		U			•			
NON-HSC HOSPITAL TOTAL 0 0 0 00 00 00 00 00 00 00 00 ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	0					
ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 1.00 ADMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 1.00		0	0					
ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
TRANSITIONAL IP CARE ALC OTHER ACCOM ALC OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O		0	0					
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILIARIES 0 0 0 0 0 00 00 00 00 00 00 00 100 100	TRANSITIONAL IP CARE	0	0					
INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ALL CHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
PATHOLOGY RADIOLOGY ROOM USE O ROOM USE O ROOSSOVERS/ALL OTH OUTPTNT O ROOM USE O ROOM U	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE O R	SURGERY	0	0	.00	.00	.000	.00	.00
ROOM USE	PATHOLOGY	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	RADIOLOGY	0	0	.00	.00	.000	.00	.00
COUNTY HOSPITAL TOTAL	ROOM USE	0	0	.00	.00	.000	.00	.00
COUNTY HOSPITAL TOTAL	CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00	\$.00
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00			
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ROOM USE 0 0 .00		0	0					
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,079 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE		0	0					
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 TRINITY COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE MONTHLY AVERAGE	· · · · · · · · · · · · · · ·	MEDI-CAL SERVICES AND	•					
TRINITY COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE MONTHLY AVERAGE				III OF TATHEMI M	JIOMI FON OAN	2002 IIINO DEC	2002	
MONTHLY AVERAGE					ATD C	ODE		01/1//05
	IIVIIVIII COONII	DOLLINIC OF DELIVICED F	OI OU VIID ONDI		AID C		ILV MVERMO	F
	09 ELIGIBLES	HSERS HINTTS	OF SERVICE	EXPENDITIBES	AVERAGE COST			

09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 .00 .00 ALL OTHER INPATIENT .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 0 .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	·	.00	'	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	Ÿ	.00	۲	.00	.000	.00	Y	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
•	0	0	۲	.00	۲	.00	.000	.00	۲	.00
HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	ş		ې		.000	•	ې	
	0			.00		.00		.00		.00
INDEPENDENT FACILITY	0	0	ć	.00	Ċ	.00	.000	.00	ċ	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	•		.00		.00	.000	.00		.00
XO AND OTHERS	0	0	<u>^</u>	.00	^	.00	.000	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	Ü	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MONT	'H-OF-PAYMENT RI	EPORT I	FOR JAN 2	2002 THRU D	EC 2002	Р	AGE 16,080
MOP024	FEE-FOR-SERVICE									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONLY			AID CO				
								NTHLY AVERA		
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
•			•					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

TRINITY COUNTY AID CODES 72 74 8N ----- MONTHLY AVERAGE -----277 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 316 Ś 27,147.69 \$ 85.91 1.141 \$ 315.67 \$ 98.01 @PHYSICIANS SERVICES 24 70 2,760.31 39.43 .253 \$ 115.01 \$ 9.97 17 24 985.22 41.05 .087 57.95 OUTPATIENT VISITS 3.56 15 20 OFFICE VISITS 726.80 36.34 .072 48.45 2.62 Ω .00 HOME VISITS 0 .00 .000 .00 .00 73.68 EMERGENCY ROOM 221.03 .011 110.52 .80 37.39 37.39 .004 37.39 PREVENTIVE CARE .13 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 .000 .00 1,206.72 134.08 1206.72 INPATIENT VISITS .032 4.36 HOSPITAL VISITS 82.48 41.24 .007 82.48 .30 1124.24 CRITICAL CARE 1,124.24 160.61 .025 4.06 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .00 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 134.64 22.44 .022 134.64 .49 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST 134.64 22.44 .022 134.64 .49 98.21 OUTPATIENT SURGERY 196.41 65.47 .011 .71 PRINCIPAL SURGEON 196.41 65.47 .011 98.21 .71 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 45.28 5.03 .032 15.09 .16 16 145.53 9.10 .058 24.26 .53 RADIOLOGY .00 0 .00 .00 **PSYCHIATRY** .000 .00 .00 .00 IMMUNIZATION AND INJECTION .00 .000 .00 3 15.50 46.51 OTHER SERVICES/ALL X-OVERS 46.51 .011 .17 53 37 2,237.43 42.22 .191 \$ 60.47 \$ 8.08 @PHARMACY .188 PRESCRIPTION DRUGS 52 2,227.91 42.84 61.89 8.04 SNF/ICF 0 0 .00 .00 .000 .00 .00 OUTPATIENTS 2,227.91 42.84 .188 61.89 8.04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	1	1	9.52	9.52	.004	9.52	.03
@DENTIST	1	2 \$	60.00	\$ 30.00	.007 \$	60.00	\$.22
VISITS - DIAGNOSTIC	1	2	60.00	30.00	.007	60.00	.22
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN :	2002 THRU DE	C 2002	PAGE 16,082
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE		MONTH-OF-PAYMENT R.	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 16,082 01/17/03
		NTAL		EPORT FOR JAN : ID CODES 72 74		C 2002	
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MOP024	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	NTAL			8N MON		01/17/03
MOP024 TRINITY COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR	OGRAM A	ID CODES 72 74	8N MON UNITS/DAYS	THLY AVERA	01/17/03 GE
MOP024 TRINITY COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE	OGRAM A	ID CODES 72 74 AVERAGE COST	8N MON UNITS/DAYS	THLY AVERA COST PER USER	01/17/03 GE COST PER
MOP024 TRINITY COUNTY 277 ELIGIBLES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE	OGRAM A EXPENDITURES	ID CODES 72 74 AVERAGE COST PER UNIT/DAY	8N MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE	OGRAM A EXPENDITURES .00	ID CODES 72 74 AVERAGE COST PER UNIT/DAY \$.00	8N MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 TRINITY COUNTY 277 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE	OGRAM A EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	8N MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE	OGRAM A EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	8N MON UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	OGRAM A EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	8N MON UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	OGRAM A EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	8N MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	OGRAM A EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	8N MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	OGRAM A EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	8N MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00
MOP024 TRINITY COUNTY 277 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% PR ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	OGRAM A EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00	8N MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0	. (١.	.00	.000	.00		.00
OTHER	0	0		0	.00	.000	.00		.00
@HOME HEALTH AGENCY	0				.00	.000		\$.00
	0							۶ \$	
NURSE ANESTHESIST	0	0 5			.00	.000	\$.00		.00
NURSE MIDWIFE	•			0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$. (.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.(.00	.000		\$.00
@TOTAL HOSPITAL	28	116	,		147.95	.419	\$ 612.95	Ş	61.96
HOSP INPATIENT TOTAL	3	10	13,585.2		1358.53	.036	4528.43		49.04
HSC HOSPITALS	1	7	7,525.0		1075.00	.025	7525.00		27.17
NON-HSC HOSPITAL TOTAL	2	3	6,060.2	28	2020.09	.011	3030.14		21.88
ACCOMMODATIONS	2	3	1,209.3	30	403.10	.011	604.65		4.37
ADMINISTRATIVE DAYS	0	0	. (0 (.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	. (0 (.00	.000	.00		.00
ALL OTHER ACCOM	2	3	1,209.3	30	403.10	.011	604.65		4.37
ANCILLARIES	2	0	4,850.9		.00	.000	2425.49		17.51
INPATIENT CROSSOVERS	0	0	. (0 (.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	. (.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	25	106	3,577.4		33.75	.383	143.10		12.91
MEDICAL	19	32	1,368.4		42.76	.116	72.02		4.94
SURGERY	7	12	279.1		23.27	.043	39.88		1.01
PATHOLOGY	6	16	186.3		11.65	.058	31.07		.67
RADIOLOGY	6	8	242.0		30.26	.029	40.34		.87
ROOM USE	14	21	1,135.5		54.07	.076	81.11		4.10
CROSSOVERS/ALL OTH OUTPTNT	8	17	365.8		21.52	.061	45.73		1.32
@COUNTY HOSPITAL TOTAL	24	99			32.90	.357		Ċ	11.76
	0	0	•)0	.00	.000	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	0							
HSC HOSPITALS	0		. (.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	•	0	. (.00	.000	.00		.00
ACCOMMODATIONS	0	U		0 0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	. (.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		0	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	. (.00	.000	.00		.00
ANCILLARIES	0	0		0	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	. (.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	. (.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	24	99	3 , 257.4		32.90	.357	135.73		11.76
MEDICAL	19	32	1,363.1		42.60	.116	71.74		4.92
SURGERY	6	11	258.3		23.49	.040	43.07		.93
PATHOLOGY	6	16	186.3	39	11.65	.058	31.07		. 67
RADIOLOGY	4	6	136.5	57	22.76	.022	34.14		.49
ROOM USE	13	18	1,009.0) 4	56.06	.065	77.62		3.64
CROSSOVERS/ALL OTH OUTPINT	8	16	303.9	96	19.00	.058	38.00		1.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPOR	RT FOR JAN	2002 THRU 1	DEC 2002	PA	GE 16,083
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 69 133% I	PROGRAM	AID (CODES 72 74	8N			
						MO	ONTHLY AVERA	GE -	
277 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AV	VERAGE COST	UNITS/DAYS	S COST PER	С	OST PER
		OR DAYS OF CARE		PI	ER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	17	13,905.2		817.96	.061			50.20
COMM HOSP INPATIENT TOTAL	3	10	13,585.2		1358.53	.036	4528.43		49.04
HSC HOSPITALS	1	7	7,525.0		1075.00	.025	7525.00		27.17
NON-HSC HOSPITALS TOTAL	2	3	6,060.2		2020.09	.011	3030.14		21.88
ACCOMMODATIONS	2	3	1,209.3		403.10	.011	604.65		4.37
ADMINISTRATIVE DAYS	0	0	•	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		0	.00	.000	.00		.00

TRANSITIONAL IP CARE

.00

.00

.00

.000

ALL OTHER ACCOM	2	3		1,209.30		403.10	.011		604.65		4.37
ANCILLARIES	2	0		4,850.98		.00	.000		2425.49		17.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	7		320.00		45.71	.025		106.67		1.16
MEDICAL	0	Ô		5.34		.00	.000		.00		.02
SURGERY	1	1		20.80		20.80	.004		20.80		.08
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		105.48		52.74	.007		52.74		.38
ROOM USE	3	3		126.51		42.17	.011		42.17		.46
CROSSOVERS/ALL OTH OUTPINT	1	1		61.87		61.87	.004		61.87		.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Ψ.	.00	Υ	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ġ	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Y	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą	.00	ş	.00	.000	Ą	.00	ې	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDM/DDCN	0	0				.00			.00		.00
	0	0	\$.00	\$.00	.000	Ś	.00	ċ	
@HEMODIALYSIS TOTAL	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	Ū									
HEMODIALYSIS CENTER	0	0	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	.	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0	<u>^</u>	.00	<u> </u>	.00	.000	~	.00	^	.00
@LABORATORY FACILITY	1	1	\$	10.33	\$	10.33	.004	Ş	10.33	Ş	.04
PATHOLOGY	1	1		10.33		10.33	.004		10.33		.04
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	17	20	\$	2,816.45	Ş	140.82	.072	Ş	165.67	Ş	10.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	20		2,816.45		140.82	.072		165.67		10.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2002	THRU	DEC	2002	₽₽	GE 16,084
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	69 133	% PROGR	AM A	ID CC	DES 72 74 8N					
							N	IONT:	HLY AVERA	GE -	

277 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 54 2,100.44 38.90 .195 \$ 525.11 \$ 7.58 4 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 BLOOD BANK .00 .000 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 17 1,580.09 92.95 .061 1580.09 5.70 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 16 305.09 19.07 .058 305.09 1.10 0 .000 .00 .00 OTHER TRANS .00 .00 1,275.00 1275.00 .004 1275.00 4.60 OTHER SERVICES 0 0 .00 ACUPUNCTURE .00 .00 .000 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.007	110.19	.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	35	410.16	11.72	.126	205.08	1.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	10	\$ 10,784.59	\$ 1078.46	.036	\$ 3594.86	\$ 38.93
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,085
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----431 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 124 109.97 \$ @TOTAL, ALL PROVIDERS 387 13,636.02 35.24 .898 \$ 31.64 @PHYSICIANS SERVICES 26 44 1,623.47 36.90 .102 \$ 62.44 \$ 3.77 19 22 899.18 40.87 .051 47.33 OUTPATIENT VISITS 2.09 19 899.18 40.87 47.33 OFFICE VISITS .051 2.09 0 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 EMERGENCY ROOM .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 30.34 .00 .000 .00 .07 INPATIENT HOSPITAL SURGERY 30.34 .00 .00 .07 PRINCIPAL SURGEON .000 .00 .00 ASSISTANT SURGEON .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 269.53 44.92 .014 89.84 .63 162.91 81.46 81.46 .38 PRINCIPAL SURGEON .005 .00 .00 .00 .00 ASSISTANT SURGEON .000 .25 106.62 26.66 106.62 ANESTHESIOLOGIST .009 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY 214.49 23.83 .021 35.75 .50 RADIOLOGY 178.29 35.66 .012 44.57 .41 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0	.00	.00	.000	.00	.00
2	2	31.64	15.82	.005	15.82	.07
49	92 \$	3,760.38	\$ 40.87	.213	\$ 76.74	\$ 8.72
49	92	3,760.38	40.87	.213	76.74	8.72
0	0	.00	.00	.000	.00	.00
49	92	3,760.38	40.87	.213	76.74	8.72
0	0	.00	.00	.000	.00	.00
16	45 \$	1,932.00	\$ 42.93	.104	\$ 120.75	\$ 4.48
15	31	829.00	26.74	.072	55.27	1.92
3	5	705.00	141.00	.012	235.00	1.64
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	9	398.00	44.22	.021	99.50	.92
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAI	N 2002 THRU	DEC 2002	PAGE 16,086
	49 49 0 49 0 16 15 3 0 0 0 0 0 0 0 0 0	49 92 \$ 49 92 0 0 0 49 92 0 0 0 16 45 \$ 15 31 3 5 0	2 2 31.64 49 92 \$ 3,760.38 49 92 3,760.38 .00 49 92 3,760.38 0 0 .00 16 45 \$ 1,932.00 15 31 829.00 3 5 705.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 <	2 2 31.64 15.82 49 92 \$ 3,760.38 \$ 40.87 49 92 3,760.38 40.87 0 0 .00 .00 49 92 3,760.38 40.87 0 0 .00 .00 16 45 \$ 1,932.00 \$ 42.93 15 31 829.00 26.74 3 5 705.00 141.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	2 2 31.64 15.82 .005 49 92 \$ 3,760.38 \$ 40.87 .213 49 92 3,760.38 40.87 .213 0 0 .00 .00 .000 49 92 3,760.38 40.87 .213 0 0 .00 .00 .000 16 45 \$ 1,932.00 \$ 42.93 .104 15 31 829.00 26.74 .072 3 5 705.00 141.00 .012 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 <t< td=""><td>2 2 31.64 15.82 .005 15.82 49 92 \$ 3,760.38 \$ 40.87 .213 \$ 76.74 49 92 3,760.38 40.87 .213 76.74 0 0 .00 .00 .000 .00 49 92 3,760.38 40.87 .213 76.74 0 0 .00 .00 .00 .00 16 45 \$ 1,932.00 \$ 42.93 .104 \$ 120.75 15 31 829.00 26.74 .072 55.27 3 5 705.00 141.00 .012 235.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 <td< td=""></td<></td></t<>	2 2 31.64 15.82 .005 15.82 49 92 \$ 3,760.38 \$ 40.87 .213 \$ 76.74 49 92 3,760.38 40.87 .213 76.74 0 0 .00 .00 .000 .00 49 92 3,760.38 40.87 .213 76.74 0 0 .00 .00 .00 .00 16 45 \$ 1,932.00 \$ 42.93 .104 \$ 120.75 15 31 829.00 26.74 .072 55.27 3 5 705.00 141.00 .012 235.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 <td< td=""></td<>

AID CODES 7A 7C 8R

01/17/03

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 70 100% PROGRAM

MOP024

TRINITY COUNTY

----- MONTHLY AVERAGE -----431 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5 @OPTOMETRIST 16 298.38 18.65 .037 \$ 59.68 \$.69 2 2 94.90 47.45 .005 47.45 .22 DIAGNOSTIC AND ANC. PROCED 40.70 5 14 203.48 14.53 .032 .47 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR 0 .00 \$.00 .00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .000 \$.00 0 .00 .00 .00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL 39 102 3,294.14 32.30 .237 84.47 7.64 .000 HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 ACCOMMODATIONS .00 .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	39	102		3,294.14	32.30	.237	84.47	7.64
MEDICAL	28	31		1,340.64	43.25	.072	47.88	3.11
SURGERY	3	4		207.39	51.85	.072	69.13	.48
PATHOLOGY	16	4		565.79	13.47	.009	35.36	1.31
	10	42						
RADIOLOGY	5	6		607.02	101.17	.014	121.40	1.41
ROOM USE	9	9		478.61	53.18	.021	53.18	1.11
CROSSOVERS/ALL OTH OUTPTNT	4	10		94.69	9.47	.023	23.67	.22
@COUNTY HOSPITAL TOTAL	35	78	\$	2,806.02	\$ 35.97	.181	•	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	78		2,806.02	35.97	.181	80.17	6.51
MEDICAL	26	29		1,231.69	42.47	.067	47.37	2.86
SURGERY	2	3		172.98	57.66	.007	86.49	.40
PATHOLOGY	12	29		372.23	12.84	.067	31.02	.86
RADIOLOGY	4	5		553.86	110.77	.012	138.47	1.29
ROOM USE	7	7		405.05	57.86	.016	57.86	.94
CROSSOVERS/ALL OTH OUTPINT	3	5		70.21	14.04	.012	23.40	.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	ES MONTH-	OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 16,087
MOP024	FEE-FOR-SERVICE/I	DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICE	CES FOR 70 100%	PROGRAM	AI	ID CODES 7A 7C	8R		
						MC	NTHLY AVERA	GE
431 ELIGIBLES	USERS (JNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

@COMMUNITY HOSPITAL TOTAL 5 24 \$ 488.12 \$ 20.34 .056 \$ 97.62 \$ 1.13

COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
	0		0									
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	2	4		488.12		20.34	.056		97.62		1.13
MEDICAL	2		2		108.95		54.48	.005		54.48		.25
SURGERY	1		1		34.41		34.41	.002		34.41		.08
PATHOLOGY	4		.3		193.56		14.89	.030		48.39		.45
RADIOLOGY	1		1		53.16		53.16	.002		53.16		.12
	1											
ROOM USE			2		73.56		36.78	.005		36.78		.17
CROSSOVERS/ALL OTH OUTPTNT			5	_	24.48	_	4.90	.012	_	24.48	_	.06
@STATE HOSPITAL	0			\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0									
LEV B-TRANSITIONAL IP CARE	U				.00		.00	.000		.00		.00
LEV B-REGULAR	Ü		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0			\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0			\$	23.43	\$.00	.000	\$.00	\$.05
HOSPITAL BASED	0		0	Y	23.43	Y	.00	.000	Y	.00	Y	.05
	0											
INDEPENDENT FACILITY			0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3			\$	157.43	\$	31.49	.012	\$	52.48	\$.37
PATHOLOGY	3		5		157.43		31.49	.012		52.48		.37
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	2	:3	\$	1,819.12	\$	79.09	.053	\$	113.70	\$	4.22
CLINIC	1		7		160.53		22.93	.016		160.53		.37
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	1	. 6		1,658.59		103.66	.037		110.57		3.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC			S MONTE	•	FPORT			DEC		Þ	AGE 16,088
MOP024	FEE-FOR-SERVICE		/1101(1)	is monii	I OF TATRENT IN	DI OI	I FOR OAN .	2002 11110	DEC	2002	Τ.	01/17/03
			1000	DDOCDAN	4	TD CC	DEC 71 70	O.D.				01/1//03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 70	100%	PROGRAM	4 A.	ID CC	DDES /A /C				~ =	
424										HLY AVERA	_	
431 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES							COST PER
_		OR DAYS OF					R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	14			\$	727.67	\$	12.13	.139	\$	51.98	\$	1.69
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION

.00

.00

.000

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	83.20	8.32	.023	16.64	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	50	644.47	12.89	.116	71.61	1.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 21.80	\$ 21.80	.002	\$ 21.80	\$.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,089
MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 53 2,531.45 \$ 47.76 .000 \$ 101.26 \$.00 5 13 600.06 46.16 .000 \$ 120.01 \$.00 @PHYSICIANS SERVICES 5 286.32 57.26 286.32 OUTPATIENT VISITS .000 .00 12.00 12.00 OFFICE VISITS 12.00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 0 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 274.32 68.58 .000 274.32 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 214.92 53.73 .000 214.92 .00 PRINCIPAL SURGEON 134.92 134.92 .000 134.92 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.000	80.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.06	5.06	.000	5.06	.00
RADIOLOGY	3	3	93.76	31.25	.000	31.25	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	7 \$	373.58	\$ 53.37	.000	\$ 93.40	\$.00
PRESCRIPTION DRUGS	2	4	28.64	7.16	.000	14.32	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	4	28.64	7.16	.000	14.32	.00
MEDICAL SUPPLIES	2	3	344.94	114.98	.000	172.47	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 16,090

MOP024 FEE-FOR-SERVICE/DENTAL
TRINITY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

ACCOMMODATIONS

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 @HOME HEALTH AGENCY .00 \$.000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 0 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .00 .000 \$.00 12 318.29 26.52 @TOTAL HOSPITAL .000 \$ 63.66 \$.00 0 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00

.00

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.000

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01/17/03

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	12	318.29	26.52	.000	63.66	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	28.67	28.67	.000	28.67	.00
PATHOLOGY	Ε	0	127.54	14.17	.000	25.51	.00
	3	9					
RADIOLOGY	∠	2	162.08	81.04	.000	81.04	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	4	9 \$	202.72	\$ 22.52	.000 \$	50.68	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	9	202.72	22.52	.000	50.68	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	121.75	15.22	.000	30.44	.00
RADIOLOGY	1	1	80.97	80.97	.000	80.97	.00
ROOM USE	0	0					.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0 0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0 0 MEDI-CAL SERVICE	0 0 0 S AND EXPENDITURES MO	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	.00	.00	.000	.00	.00 PAGE 16,091
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	S AND EXPENDITURES MO DENTAL	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2	.000 .000 2002 THRU DE	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE/	S AND EXPENDITURES MO	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2	.000 .000 2002 THRU DE	.00 .00 GC 2002	.00 PAGE 16,091 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP F	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2 ANT AID CODES	.000 .000 2002 THRU DE 7F	.00 .00 CC 2002	.00 PAGE 16,091 01/17/03 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUILTS OF SERVICE	.00 .00 NTH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST	.000 .000 2002 THRU DE 7F MON UNITS/DAYS	.00 .00 CC 2002 ITHLY AVERAGE COST PER	.00 PAGE 16,091 01/17/03 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUILTS OF SERVICE OR DAYS OF CARE	.00 .00 NTH-OF-PAYMENT RECLIGIBILITY-PREGNA	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG	.00 .00 CC 2002 ITHLY AVERAGE COST PER USER	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUILTS OF SERVICE	.00 .00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 115.57	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG .000 \$.00 .00 CC 2002 ITHLY AVERAL COST PER USER 115.57	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUILTS OF SERVICE OR DAYS OF CARE	.00 .00 NTH-OF-PAYMENT RECLIGIBILITY-PREGNA	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG	.00 .00 CC 2002 ITHLY AVERAGE COST PER USER	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUNITS OF SERVICE OR DAYS OF CARE 3 \$.00 .00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 115.57	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG .000 \$.00 .00 CC 2002 ITHLY AVERAL COST PER USER 115.57	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP BUNITS OF SERVICE OR DAYS OF CARE 3 \$.00 .00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 115.57 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52 .00	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG .000 \$.00 .00 CC 2002 ITHLY AVERA COST PER USER 115.57 .00	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP F UNITS OF SERVICE OR DAYS OF CARE 3 \$ 0 0	.00 .00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 115.57 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52 .00 .00	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG .000 \$.000	.00 .00 CC 2002 ITHLY AVERA COST PER USER 115.57 .00 .00	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP F UNITS OF SERVICE OR DAYS OF CARE 3 \$ 0 0	.00 .00 ONTH-OF-PAYMENT RECLIGIBILITY-PREGNATE EXPENDITURES 115.57 .00 .00 .00 .00	.00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52 .00 .00 .00	.000 .000 2002 THRU DE 7F MON UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 CC 2002 ITHLY AVERA COST PER USER 115.57 .00 .00 .00	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES MODENTAL CES FOR 71 PRESUMP B UNITS OF SERVICE OR DAYS OF CARE 3 \$ 0 0 0 0 0 0 0 0 1 1 1 1	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 38.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 THRU DE .000 S .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 16,091 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

0

0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	10	\$	333.40	\$	33.34	.000	\$	55.57	\$.00
PATHOLOGY	6	10		333.40		33.34	.000		55.57		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$	591.12	\$	73.89	.000	\$	147.78	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		591.12		73.89	.000		147.78		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	002 THRU	DEC	2002	PAC	GE 16,092
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R 71 PRE	ESUMP	ELIGIBILITY-PREGNA	NT	AID CODES					
							M	TINC	HLY AVERA	GE	

00 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 3	3 \$	315.00	\$ 105.00	.000 \$	105.00	.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 3	3	315.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset}^{\star}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,093
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

11(11(111 0001(11	DOIMMING OF DELIC	VIOLO IOIC /	2 1111111	01111	TODDINGOLODID INGC	JI (Z 11 1	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								MC	NTHLY 2	AVERA	4GE	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG	US	ΞR		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES MC	NTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU DE	C 2002	PA	GE 16,094
MOP024	FEE-FOR-SERVICE								01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 72 MEDI-	-CAL	TUBERCULOSIS PROGR	RAM AID CO	ODE			
						MON'	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00			.00	.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	v		.00	.000		
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 16,095
MOP024	FEE-FOR-SERVICE		minerali ogic proc	DAM ATD CO	ODE		01/17/03
TRINITY COUNTY	SUMMARI OF SERV	ICES FOR 72 MEDI-CAL	1 TUBERCULUSIS PROG	GRAM AID C	ODE MONT	III V 7170070	· -
OO ELICIDIES	HOEDO	INTEG OF CEDITOR	EADENDIBLIDEC	ATTEDACE COCH			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
000000000000000000000000000000000000000		OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAI	0	0	0.0	0.0	000	0.0	0.0

.00

.00

.000

.00

.00

MEDICAL

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	0										
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	'	.00	'	.00	.000	'	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	U	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	Û	0	•	.00	•	.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	O	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
•	0		Ą		ş			Ą		ې	
PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	VEDT CAT SERVICES		10 140		DODE TO			DEC		D.7	
#CALIF DEPT OF HEALTH SERV			is MC	NTH-OF-PAYMENT RE	PORT FO	R JAN 2	ZUUZ THRU	DEC	2002	PA	GE 16,096
MOP024	FEE-FOR-SERVICE/I										01/17/03
TRINITY COUNTY	SUMMARY OF SERVIC	ES FOR 72 MEDI-	-CAL	TUBERCULOSIS PROG	RAM	AID CO	ODE				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS (NITS OF SERVICE		EXPENDITURES	AVERAG	E COST	UNITS/DAY	S (COST PER	С	OST PER
		OR DAYS OF CARE			PER UN	IT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		.00	\$.00
DURABLE MED. EQUIP.	0	0	т	.00	7	.00	.000	т	.00	Τ	.00
-	0										
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	Ü	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	ŭ										
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST				0.0		$\cap \cap$	000		.00		.00
	0	0		.00		.00	.000		.00		• 0 0
PORTABLE X-RAY	0	0					.000		.00		
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	ŭ			.00		.00					.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,097 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	TINC	HLY AVERA	GΕ	
19 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE	3		PER UN	IT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	13	88	\$	4,731.05	\$ 5	3.76	4.632	\$	363.93	\$	249.00
@PHYSICIANS SERVICES	4	30	\$	1,176.00	\$ 3	9.20	1.579	\$	294.00	\$	61.89
OUTPATIENT VISITS	2	27		540.20	2	0.01	1.421		270.10		28.43
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	27		540.20	2	0.01	1.421		270.10		28.43
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		53.79	5	3.79	.053		53.79		2.83

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	1	1		53	.79		53.79	.053		53.79		2.83
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		544			544.28	.053		544.28		28.65
PRINCIPAL SURGEON	_ 1	1		544			544.28	.053		544.28		28.65
ASSISTANT SURGEON	0	0		-	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	1	1		37	.73		37.73	.053		37.73		1.99
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	3	4	\$	37	.80	\$	9.45	.211	\$	12.60	\$	1.99
PRESCRIPTION DRUGS	3	4		37	.80		9.45	.211		12.60		1.99
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	3	4		37	.80		9.45	.211		12.60		1.99
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES	MONTH-OF-PAYME	NT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PI	AGE 16,098
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
MD TALEMAY GOLDAMAY	CIMMANDI OF CERTIFICE FOR	77 34737	00	ONIGHNIE NED GOD		TD COE	DO 7M 7D 7D					

TRINITY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MO	TNC	HLY AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00	.000	Ś		Ś	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	Ô	0	Ś	.00	Ś	.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	7	26	¢	2,316.85	Ś	89.11	1.368		330.98		121.94
HOSP INPATIENT TOTAL	, 1	2	۲	1,689.89	Y	844.95	.105	Y	1689.89	٧	88.94
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		1,689.89		844.95	.105		1689.89		88.94
ACCOMMODATIONS	± 1	2		477.05		238.53	.105		477.05		25.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		477.05		238.53	.105		477.05		25.11
ANCILLARIES	1 1	2		1,212.84		.00	.000		1212.84		63.83
	1	0				.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0	2.4		.00 626.96		26.12	1.263				33.00
	6	24		147.05					104.49		7.74
MEDICAL	0					73.53	.105		73.53		
SURGERY	0	0 12		.00		.00	.000		.00		.00
PATHOLOGY	3	12		81.93		6.83	.632		27.31		4.31
RADIOLOGY	3	-		237.99		79.33	.158		79.33		12.53
ROOM USE	3	3		114.49		38.16	.158		38.16		6.03
CROSSOVERS/ALL OTH OUTPTNT	2	4		45.50		11.38	.211		22.75		2.39
@COUNTY HOSPITAL TOTAL	5	21	\$	402.41	\$	19.16	1.105	Ş	80.48	Ş	21.18
CO HOSPITAL INPATIENT TOTAL	O _	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	21		402.41		19.16	1.105		80.48		21.18
MEDICAL	1	1		50.83		50.83	.053		50.83		2.68
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	12		81.93		6.83	.632		27.31		4.31
RADIOLOGY	2	2		158.33		79.17	.105		79.17		8.33
ROOM USE	2	2		65.82		32.91	.105		32.91		3.46
CROSSOVERS/ALL OTH OUTPTNT	2	4		45.50		11.38	.211		22.75		2.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT	r for Jan	2002 THRU	DEC	2002	PF	AGE 16,099
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 19 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5 \$ \$ 382.89 .263 \$ 957.22 \$ 100.76 1,914.44 COMM HOSP INPATIENT TOTAL 1,689.89 844.95 .105 1689.89 88.94 .00 844.95 238.53 0 .00 .000 .00 .00 HSC HOSPITALS 1,689.89 NON-HSC HOSPITALS TOTAL .105 1689.89 88.94 477.05 25.11 ACCOMMODATIONS 477.05 .105 .00 ADMINISTRATIVE DAYS 0 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

TRINITY COUNTY

ALL OTHER ACCOM	1	2		477.05		238.53	.105		477.05		25.11
ANCILLARIES	± 1	0		1,212.84	•	.00	.000		1212.84		63.83
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	3		224.55		74.85	.158		224.55		11.82
MEDICAL	1	1		96.22		96.22	.053		96.22		5.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		79.66		79.66	.053		79.66		4.19
ROOM USE	1	1		48.67		48.67	.053		48.67		2.56
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	ċ	.00	ċ	.00
MENTALLY ILL	0	0	Ş	.00	ş	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	ċ	.00	ċ	.00
•	0	0	Ş	.00	Ş	.00	.000	P	.00	Ą	.00
LEV A-INTERMEDIATE	0	0									
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	ć	.00	Ċ	.00	.000	ċ	.00	ć	.00
@INTERMEDIATE CARE FACILDD	0	Ŭ	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0	_	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	O	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	85.00	\$	42.50	.105	Ş	85.00	Ş	4.47
PATHOLOGY	1	2		85.00		42.50	.105		85.00		4.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	25	\$	1,010.40	\$	40.42	1.316	\$	252.60	\$	53.18
CLINIC	3	24		949.96		39.58	1.263		316.65		50.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		60.44		60.44	.053		60.44		3.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	MONTH-OF-PAYMENT RE	EPORT 1	FOR JAN	2002 THRU	DEC	2002	PA	AGE 16,100
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

----- MONTHLY AVERAGE -----19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 \$ 105.00 \$ 105.00 .053 \$ 105.00 \$ 5.53 @ALL OTHER PROVIDERS .00 .00 .000 .00 DURABLE MED. EQUIP. 0 0 .00 .000 BLOOD BANK 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .000 .00 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 105.00 105.00 .053 105.00 5.53

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

TRINITY COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,101 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

TRINITY COUNTY	SUMMARY OF SERV	VICES FOR /4 FOR FUTURE	USE		MON'	תוודע איודם	C E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FFIGIPTES	OSERS	OR DAYS OF CARE	EVLENDIIOVES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 4	.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0 3	.00	.00	.000 \$.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00		.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00		.00	.00
PERIODONTICS	0	0		.00	.00		.00	.00
ENDODONTICS	0	0		.00	.00		.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00		.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH-	OF-PAYMENT RE	EPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 16,102
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FO	R 74 FOR	FUTURE US	E				
						N	MONTHLY AVERA	GE

						MC	TMC	'HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER U	JNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00

0.011	TDODD A CHIOD	0	0	ċ	0.0	ċ	0.0	000	ċ	0.0	ċ	0.0
	IROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
	ISITS	0	0		.00		.00	.000		.00		.00
0.	THER SERVICES	0	0		.00		.00	.000		.00		.00
	DIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
	EDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
ST	URGERY/ANES.	0	0		.00		.00	.000		.00		.00
	ADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	THER	0	0		.00		.00	.000		.00		.00
	ME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	RSE ANESTHESIST	0	0	<u>ب</u>	.00	\$.00	.000		.00	\$	
		0	· · · · · · · · · · · · · · · · · · ·	ې د					\$.00
	RSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
	DIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAI	MILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOT	TAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HO	OSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
I	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
-	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
		0	0		.00		.00	.000		.00		
	TRANSITIONAL IP CARE	•										.00
	ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	ANCILLARIES	0	0		.00		.00	.000		.00		.00
	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
Ā	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HO	OSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
1	MEDICAL	0	0		.00		.00	.000		.00		.00
	SURGERY	0	0		.00		.00	.000		.00		.00
	PATHOLOGY	0	0		.00		.00	.000		.00		.00
	RADIOLOGY	0	0		.00		.00	.000		.00		.00
		0	0		.00		.00	.000		.00		
	ROOM USE	0										.00
	CROSSOVERS/ALL OTH OUTPINT	•	0		.00		.00	.000		.00		.00
_	UNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
	O HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
I	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	ANCILLARIES	0	0		.00		.00	.000		.00		.00
	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
		0	0									
	ALL OTHER INPATIENT	•	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000		.00		.00
	O HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	MEDICAL	0	0		.00		.00	.000		.00		.00
,	SURGERY	0	0		.00		.00	.000		.00		.00
]	PATHOLOGY	0	0		.00		.00	.000		.00		.00
Ι	RADIOLOGY	0	0		.00		.00	.000		.00		.00
Ι	ROOM USE	0	0		.00		.00	.000		.00		.00
(CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
	LIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	FOR JAN 2002		DEC		PAG	E 16,103
	P024	FEE-FOR-SERVICE			01,111 01 11111111111111111111111111111				220			01/17/03
	INITY COUNTY		VICES FOR 74 FOR	ווחוום	RE USE							01/1//00
11/.	TIATIT COOMIT	COLITIZATE OF SEK	VICEO FOR /4 FOR	T O I O	141 000		_	1		LY AVERA	~F _	
	OO ELICIDIES	HOEDO	INTER OF CERTIC	T.	EADENDIMIDES	74 77 77						
	00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST UNI					ST PER
0		•	OR DAYS OF CAR				R UNIT/DAY PE			USER		IGIBLE
@COI	MMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU I	DEC	2002	PΖ	AGE 16,104
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTU	RE USE							
							MO	TNC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0 9	\$.00	\$.00	.000	\$.00	\$.00
0	0 9	\$.00	\$.00	.000	\$.00	\$.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 </td <td>0 0 .00</td>	0 0 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,105
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

		,			*		
					MON'	THLY AVERAG	GE
29 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	7 \$	544.89	\$ 77.84	.241 \$	181.63	\$ 18.79
@PHYSICIANS SERVICES	1	1 \$	24.38	\$ 24.38	.034 \$	24.38	\$.84
OUTPATIENT VISITS	1	1	24.38	24.38	.034	24.38	.84
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.034	24.38	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	2	6	\$	520.51	\$ 86.75	.207	\$ 260.26	\$	17.95
PRESCRIPTION DRUGS	2	6		520.51	86.75	.207	260.26		17.95
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	2	6		520.51	86.75	.207	260.26		17.95
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	PAYMENT REE	PORT FOR JAN	2002 THRU	DEC 2002	PA	AGE 16,106
MOP024	FEE-FOR-SERVICE/DENTAL	L							01/17/03
			,			_			

MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

						MC	TNC	HLY AVERA	GE.	
29 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 16,107

TRINITY COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

IKINIII COONII	SUMMARI OF SERVICES	FOR 73 SSI AFFE	IAL/ NLDC	AID CODES			_
20 ELICIDIES	HOEDG INIT	IC OF CEDUTCE	EVDENDIMIDEC	ATTEDACE COCH	MONTH		E COST PER
29 ELIGIBLES		IS OF SERVICE DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 S	
COMM HOSP INPATIENT TOTAL	0 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00			.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	•	0					
CROSSOVERS/ALL OTH OUTPINT	0	0 0 \$.00	.00	.000	.00	.00 \$.00
@STATE HOSPITAL	0	0 Ş	.00	.00	.000 \$.000	.00	.00
MENTALLY ILL	0	0				.00	
DEVELOP. DISABLED	0	0 \$.00	.00	.000	.00	.00 \$.00
@NURSING FACILITY	0	0 Ş			.000 \$		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	· ·	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE			.00	.00	.000	.00	.00
LEV B-REGULAR	0	0 0 \$.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$ 0	.00	\$.00	.000 \$.00	•
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0		.00				.00
ICF DDN/DDCN	0	0 0 \$.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0 0 \$.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0 Ş		·	.000 \$		•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0 \$.00	
@LABORATORY FACILITY	0	0 9	.00	\$.00 .00	.000 \$.000	.00 .	\$.00 .00
PATHOLOGY	0						
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0 0 \$.00	.00	.000 .000 \$.00	.00 \$.00
	0	0 5		.00		.00 .	.00
CLINIC	0	0	.00		.000		
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00			
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	•			.000	.00	.00
	FEE-FOR-SERVICE/DEN		IONITE OF PAIMENT RE	TEORT FOR DAN 7	.002 INKU DEC	ZUUZ	PAGE 16,108 01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES		AT /NT DC	YID CODEC	6N		01/1//03
INTINITI COUNTI	POLIMANT OF SERVICES	TOR 10 SSI APPE	אחוא /וושי		MONTE	II.V ZUEDAC'	F
20 ELICIDIES	HOEDO HINTE	IC OF CEDITICE	EXPENDIMIDEC				

29 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $\ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,109
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

IIIIIIII OOONII	DOIMMING OF DELL	VIOLO 1 OIL 00 1011		I I I I I I I I I I I I I I I I I I I					
						MOI	NTHLY AVERA	ΔGE	
27,607 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16,567	194,838	\$	10,206,323.57	\$ 52.38	7.058	\$ 616.06	\$	369.70
@PHYSICIANS SERVICES	5,063	16,447	\$	633,385.17	\$ 38.51	.596	\$ 125.10	\$	22.94
OUTPATIENT VISITS	2,737	4,189		155,542.48	37.13	.152	56.83		5.63
OFFICE VISITS	2,419	3 , 362		118,111.66	35.13	.122	48.83		4.28
HOME VISITS	1	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	238	278		15,111.76	54.36	.010	63.49		.55
PREVENTIVE CARE	2	2		74.78	37.39	.000	37.39		.00
OB VISITS/COMPRE PERI	135	475		19,424.28	40.89	.017	143.88		.70
OTHER OUTPATIENT	57	72		2,820.00	39.17	.003	49.47		.10
INPATIENT VISITS	261	1,007		56,184.03	55.79	.036	215.26		2.04
HOSPITAL VISITS	244	860		40,629.22	47.24	.031	166.51		1.47
CRITICAL CARE	29	110		14,331.73	130.29	.004	494.20		.52
SNF/ICF/TRANS IP CARE	13	37		1,223.08	33.06	.001	94.08		.04
OPHTHALMOLOGICAL SERVICES	64	75		3,287.56	43.83	.003	51.37		.12
EXAMINATIONS	64	74		3,252.27	43.95	.003	50.82		.12
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00

INPATIENT HOSPITAL SURGERY	182	953	94,151.73	98.80	.035	517.32	3	.41
PRINCIPAL SURGEON	131	162	75,452.89	465.76	.006	575.98	2.	.73
ASSISTANT SURGEON	27	30	4,984.02	166.13	.001	184.59		.18
ANESTHESIOLOGIST	56	761	13,714.82	18.02	.028	244.91		.50
OUTPATIENT SURGERY	360	876	85,539.39	97.65	.032	237.61		.10
PRINCIPAL SURGEON	324	458	76,031.29	166.01	.017	234.66		.75
ASSISTANT SURGEON	5	5	438.91	87.78	.000	87.78		.02
ANESTHESIOLOGIST	65	413	9,069.19	21.96	.015	139.53		.33
DIALYSIS	11	59	5,362.76	90.89	.002	487.52		.19
PATHOLOGY	386	573	6,681.49	11.66	.021	17.31		.24
RADIOLOGY	1,302	2,236	101,953.69	45.60	.081	78.31	3.	.69
PSYCHIATRY	. 0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	132	1,244	11,015.25	8.85	.045	83.45		.40
OTHER SERVICES/ALL X-OVERS	1,617	5,235	113,666.79		.190		4 .	.12
@PHARMACY	11,141	55,248 \$	3,216,412.24	\$ 58.22	2.001 \$	288.70	\$ 116	.51
PRESCRIPTION DRUGS	11,056	41,833	3,117,824.25	74.53	1.515	282.00	112	.94
SNF/ICF	292	2,412	127,537.77	52.88	.087	436.77	4 .	.62
OUTPATIENTS	10,771	39,421	2,990,286.48	75.86	1.428	277.62	108	.32
MEDICAL SUPPLIES	569	13,415	98,587.99	7.35	.486	173.27	3.	.57
@DENTIST	1,492	5,327 \$	252,137.37	\$ 47.33	.193 \$	168.99	\$ 9.	.13
VISITS - DIAGNOSTIC	1,021	2,986	52,223.00	17.49	.108	51.15	1.	.89
ORAL SURGERY	227	628	32,548.00	51.83	.023	143.38	1.	.18
DRUGS	227 14 28 34	29	373.00	12.86	.001	26.64		.01
ANESTHESIA	28	28	2,800.00	100.00	.001	100.00		.10
PERIODONTICS	34	35	6,350.00	181.43	.001	186.76		.23
ENDODONTICS	85	154	28,267.00	183.55	.006	332.55	1.	.02
RESTORATIVE DENTISTRY	494	1,155	86,552.80	74.94	.042	175.21	3	.14
PROSTHETICS	5	7	150.00	21.43	.000	30.00		.01
DENTURES, STAYPLATES	118	289	41,310.77	142.94	.010	350.09	1.	.50
SPACE MAINTAINERS	6	8	1,065.00	133.13	.000	177.50		.04
MAXILLOFACIAL SERVICES	2	2	300.00	150.00	.000	150.00		.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2	100.00	50.00	.000	50.00		.00
ALL OTHER SERVICES	3	4	97.80	24.45	.000	32.60		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1	6,110
MOP024	FEE-FOR-SERVICE						01/1	17/03
TRINITY COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL (CERTIFIED					
					MON			
27,607 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST I	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	BLE

27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	488	1,429	\$ 33,229.97	\$ 23.25	.052	\$	68.09	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	341	342	15,580.36	45.56	.012		45.69	.56
EYE APPLIANCES	382	1,063	17,071.02	16.06	.039		44.69	.62
OTHER OPTOMETRIC SERVICES	18	24	578.59	24.11	.001		32.14	.02
@CHIROPRACTOR	44	61	\$ 1,019.92	\$ 16.72	.002	\$	23.18	\$.04
VISITS	43	57	953.04	16.72	.002		22.16	.03
OTHER SERVICES	1	4	66.88	16.72	.000		66.88	.00
@PODIATRIST	34	45	\$ 1,197.14	\$ 26.60	.002	\$	35.21	\$.04
MEDICINE/INJECTIONS	10	10	294.38	29.44	.000		29.44	.01
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000		17.30	.00
OTHER	26	34	885.46	26.04	.001		34.06	.03
@HOME HEALTH AGENCY	52	309	\$ 20,399.08	\$ 66.02	.011	\$	392.29	\$.74
NURSE ANESTHESIST	4	29	\$ 509.62	\$ 17.57	.001	\$	127.41	\$.02
NURSE MIDWIFE	2	3	\$ 193.54	\$ 64.51	.000	\$	96.77	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

## TOTAL HOSPITAL ## 4,061												
HOSE TIMPATTENT TOTAL 322	FAMILY NURSE PRACTITIONER		8	\$	209.96			.000	\$	34.99	\$.01
HISCHOSPITALS	@TOTAL HOSPITAL	4,061	19,793	\$	2,711,761.03	\$.717	\$	667.76	\$	
NON-HISC HOSFITAL TOTAL	HOSP INPATIENT TOTAL		1 , 526		2,163,033.60		1417.45	.055				78.35
ACCOMMODATIONS 218 994 446,221.68 448,92 .036 2046.39 16.16 ADMINISTRATIVE DAYS 0 0 34.60CR .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 0 0.00 .00 .000 .00 .00 ALL OTHER ACCOM 218 994 446,256.48 448,95 .036 2047.05 16.16 ANCILLARIES 222 0 1,554,513.08 .00 .000 7137.45 57.40 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .00 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .00 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .00 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .00 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALL OTHER TURATIENT 0 0 0 .000 .000 .000 .000 .000 .000 .	HSC HOSPITALS	10	51				1346.22	.002		6865.70		2.49
ADMINISTRATIVE DAYS TRANSITIONAL TO CARE 0 0 0 4.00 0.00 0.00 0.00 0.00 0.00 ALL OTHER ACCOM 218 994 446,256.48 448.95 0.36 2047.05 16.16 ACCILLARIES 222 0 0 1,594,513.08 0.0 0.00 717.45 57.40 INPATIENT CROSSOVERS 100 481 63,641.64 132.31 0.07 636.42 2.31 ALL OTHER INPATIENT TOTAL 3,864 18,267 548,727.43 30.04 662 142.01 19.88 MEDICAL 1,822 2,823 124,919.23 44.25 1.02 66.56 4.52 SUNGERY 468 626 32,073.59 51.24 0.23 66.56 4.52 SUNGERY 468 626 32,073.59 51.24 0.23 66.56 4.52 SUNGERY 468 626 32,073.59 51.24 0.23 66.56 4.52 SUNGERY 468 626 1010 70,575.79 11.55 221 43.32 2.56 RADIOLOGY 982 1,466 101,275.36 69.08 0.53 103.13 3.67 ROOM USE ALL OTH OUTPTIT 1,431 4,970 113,699.16 22.88 180 79.45 4.12 CO HOSPITAL INPATIENT TOTAL 2,886 11.928 883.153.93 7.40 4.32 \$30.01 \$4258.20 CO HOSPITAL INPATIENT TOTAL 129 415 549,307.75 1323.63 0.15 4258.20 19.90 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 5.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 5.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 94 267 524,333.62 1963.87 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	NON-HSC HOSPITAL TOTAL		994		2,030,734.96		2042.99	.036		9147.45		73.56
TRANSITIONAL IP CARE ALCOHER ACCOME ALCOHER ACCOME ALCOHER ACCOME ACCOMENDATION ACCOMENDATI	ACCOMMODATIONS	218	994		446,221.88		448.92	.036		2046.89		16.16
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ADMINISTRATIVE DAYS	0	0		34.60	CR	.00	.000		.00		.00
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ALL OTHER ACCOM	218	994		446,256.48		448.95	.036		2047.05		16.16
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ANCILLARIES	222	0		1,584,513.08		.00	.000		7137.45		57.40
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	INPATIENT CROSSOVERS	100	481		63,641.64		132.31	.017		636.42		2.31
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ALL OTHER INPATIENT	0	0					.000		.00		.00
SURGERY 1.629 6.110 70.575.79 51.24 0.23 68.53 1.16 PATHOLOGY 1.629 6.110 70.575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1.466 101.275.36 69.08 0.53 103.13 3.67 ROCM USE 1.546 2.272 106.184.30 46.74 0.82 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1.431 4.970 113.699.16 22.88 180 79.45 4.12 COMMON TOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 2.886 11.928 \$ 883,153.93 \$ 74.04 0.432 \$ 306.01 \$ 31.99 CO HOSPITAL NOTAL 94 2.67 \$ 524,353.62 1963.87 0.10 \$ 5578.23 \$ 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 0.10 1455.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	HOSP OUTPATIENT TOTAL	3,864	18,267					.662				
SURGERY 1,629 6,110 70,575.79 11.55 .221 43.32 2.55 RADIOLOGY 982 1,466 101,275.36 69.08 .053 103.13 3.67 ROOM USE 1,546 2,272 106,184.30 46.74 .082 68.68 3.85 CROSSOVERS/ALL OTH OUTPTNT 1,431 4,970 113,699.16 22.88 .180 79.45 4.12 ROOM USE 1,546 11,928 883,153.93 574.04 .432 \$306.01 \$31.99 CO HOSPITAL TOTAL 2,886 11,928 \$83,153.93 574.04 .432 \$306.01 \$31.99 CO HOSPITAL INTRIENT TOTAL 129 415 574,307.75 1323.63 .015 4258.20 19.90 HSC HOSPITALS TOTAL 94 267 524,353.62 1963.87 .010 5578.23 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 .010 1455.10 4.85 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL	1,822						.102		68.56		4.52
PATHOLOGY 1,629 6,110 70,575.79 11.55 .221 43.32 2.56 RADIOLOGY 982 1,466 101,275.36 69.08 .053 103.13 3.67 ROOM USE 1,546 2,272 106,184.30 46.74 .082 68.68 3.85 CROSSOVERS/ALL OTH OUTPINT 1,431 4,970 113,699.16 22.88 180 79.45 4.12 GOUNTY HOSPITAL TOTAL 2,886 11,928 \$ 883,153.93 \$ 74.04 .432 \$ 306.01 \$ 31.99 CO HOSPITAL INPATIENT TOTAL 129 415 549,307.75 1323.63 .015 4258.20 19.90 HSC HOSPITALS STOAL 94 267 524,353.62 1963.87 .010 5578.23 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 .010 1455.10 4.85 ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SURGERY							.023				1.16
RADIOLOGY ROOM USE 1,546 2,272 106,184.30 46.74 .082 68.68 .35 CEOSSOVERS/ALL OTH OUTPINT 1,431 4,970 113,699,16 22.88 180 79,45 4.12 COUNTY HOSPITAL TOTAL 2,886 11,928 83,153.93 74.04 4.32 306.01 \$3.199 CO HOSPITAL INPATIENT TOTAL 129 415 549,307.75 1323.63 .015 4258.20 19.90 NON-HSC HOSPITALS TOTAL 94 267 524,353.62 1963.87 .010 5578.23 18.99 ACCOMMODATIONS 92 267 133,869.00 501.38 .010 1455.10 4.85 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PATHOLOGY	1,629	6,110									2.56
ROOM USE												
CROSSOVERS/ALL OTH OUTFITT		1,546						.082				3.85
COUNTY HOSPITAL TOTAL 2,886												
CO HOSPITAL INPATIENT TOTAL 129 415 549,307.75 1323.63 .015 4258.20 19.90 HSC HOSPITALS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .				Ś					Ś		Ś	
HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 NN-HSC HOSPITALS TOTAL 94 267 524,353.62 1963.87 .010 5578.23 18.99 ACCOMMODATIONS 92 2667 133,869.00 501.38 .010 1455.10 4.85 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	-				•							
NON-HSC HOSPITALS TOTAL					•							
ACCOMMODATIONS 92 267 133,869.00 501.38 .010 1455.10 4.85 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 92 267 133,869.00 501.38 .010 1455.10 4.85 ANCILLARIES 94 0 390,484.62 .00 .00 .00 .4154.09 14.14 INPATIENT CROSSOVERS 35 148 24,954.13 168.61 .005 712.98 .90 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 1 0 0 .00 .00 .00 .00 .00 .00 .00 .00		94	267									
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O	A CCOMMODA TIONS	92			•							
INPATIENT CROSSOVERS 35	ADMINISTRATIVE DAYS	0			•							
INPATIENT CROSSOVERS 35	TRANSITIONAL IP CARE	0	0									
INPATIENT CROSSOVERS 35	ALL OTHER ACCOM	92										
INPATIENT CROSSOVERS 35	ANCILLARIES	94										
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	35			•							
CO HOSP OUTPATIENT TOTAL 2,817 11,513 333,846.18 29.00 .417 118.51 12.09 MEDICAL 1,572 2,378 105,198.00 44.24 .086 66.92 3.81 SURGERY 334 473 24,798.01 52.43 .017 74.25 .90 PATHOLOGY 1,236 4,340 49,067.05 11.31 .157 39.70 1.78 RADIOLOGY 682 874 56,008.63 64.08 .032 82.12 2.03 ROOM USE 1,023 1,356 65,033.04 47.96 .049 63.57 2.36 CROSSOVERS/ALL OTH OUTPINT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOPO24 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45					•							
MEDICAL 1,572 2,378 105,198.00 44.24 .086 66.92 3.81 SURGERY 334 473 24,798.01 52.43 .017 74.25 .90 PATHOLOGY 1,236 4,340 49,067.05 11.31 .157 39.70 1.78 RADIOLOGY 682 874 56,008.63 64.08 .032 82.12 2.03 ROOM USE 1,023 1,356 65,033.04 47.96 .049 63.57 2.36 CROSSOVERS/ALL OTH OUTPINT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 01/17/03 SUMMARY OF SERVICE FOR 80 TOTAL CERTIFIED 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45		· ·	•									
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PATHOLOGY 1,236 4,340 49,067.05 11.31 .157 39.70 1.78 RADIOLOGY 682 874 56,008.63 64.08 .032 82.12 2.03 ROOM USE 1,023 1,356 65,033.04 47.96 .049 63.57 2.36 CROSSOVERS/ALL OTH OUTPTNT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45					•							
RADIOLOGY 682 874 56,008.63 64.08 .032 82.12 2.03 ROOM USE 1,023 1,356 65,033.04 47.96 .049 63.57 2.36 CROSSOVERS/ALL OTH OUTPTNT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER COST PER 0R DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45												
ROOM USE CROSSOVERS/ALL OTH OUTPTNT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOP024 TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED							64.08					
CROSSOVERS/ALL OTH OUTPTNT 849 2,092 33,741.45 16.13 .076 39.74 1.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOP024 FEE-FOR-SERVICE/DENTAL TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED MONTHLY AVERAGE 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 0COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45							47.96					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,111 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED			•									
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED MONTHLY AVERAGE 27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45				ES 1					DEC		P	
TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED MONTHLY AVERAGE 27,607 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE (COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 210 1,375 7,865 1,828,607.10 232.50 285 1329.90 66.24 1,111 1,613,725.85 1452.50 040 7684.41 58.45						01				2002	-	
MONTHLY AVERAGE 27,607 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE 0COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45			•	T ₁ C	ERTIFIED							01/11/00
27,607 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45	11(11(11) 0001(11)	001111111111111111111111111111111111111	1020 1010 00 1011					Mo	ТИС	HLY AVERA	GE	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45	27,607 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ZΑ	ERAGE COST				-	
@COMMUNITY HOSPITAL TOTAL 1,375 7,865 \$ 1,828,607.10 \$ 232.50 .285 \$ 1329.90 \$ 66.24 COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45	,											
COMM HOSP INPATIENT TOTAL 210 1,111 1,613,725.85 1452.50 .040 7684.41 58.45	@COMMUNITY HOSPITAL TOTAL	1,375			1,828,607.10							
	•	,		·								
	HSC HOSPITALS				68,657.00		1346.22	.002				

27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,375	7 , 865 \$	1,828,607.10	\$ 232.50	.285	\$ 1329.90	\$ 66.24
COMM HOSP INPATIENT TOTAL	210	1,111	1,613,725.85	1452.50	.040	7684.41	58.45
HSC HOSPITALS	10	51	68,657.00	1346.22	.002	6865.70	2.49
NON-HSC HOSPITALS TOTAL	135	727	1,506,381.34	2072.05	.026	11158.38	54.57
ACCOMMODATIONS	133	727	312,352.88	429.65	.026	2348.52	11.31
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	133	727	312,387.48	429.69	.026	2348.78	11.32
ANCILLARIES	135	0	1,194,028.46	.00	.000	8844.66	43.25
INPATIENT CROSSOVERS	65	333	38,687.51	116.18	.012	595.19	1.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,217	6 , 754	214,881.25	31.82	.245	176.57	7.78
MEDICAL	286	445	19,721.23	44.32	.016	68.96	.71

SURGERY	138	153	7,275.58	47.55	.006	52.72	.26
PATHOLOGY	438	1,770	21,508.74	12.15	.064	49.11	.78
RADIOLOGY	317	592	45,266.73	76.46	.021	142.80	1.64
ROOM USE	583	916	41,151.26	44.92	.033	70.59	1.49
CROSSOVERS/ALL OTH OUTPTNT	624	2,878	79,957.71	27.78	.104	128.14	2.90
@STATE HOSPITAL	0	0	\$ 13,400.00	\$.00	.000	\$.00	\$.49
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	13,400.00	.00	.000	.00	.49
@NURSING FACILITY	410	12,121	\$ 2,257,195.27	\$ 186.22	.439	\$ 5505.35	\$ 81.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,748.83	120.93	.001	3748.83	.14
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	200	110,580.80	552.90	.007	18430.13	4.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	403	11,890	2,142,865.64	180.22	.431	5317.28	77.62
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	210	\$ 29,996.36	\$ 142.84	.008	\$ 1034.36	\$ 1.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	210	29,996.36	142.84	.008	1034.36	1.09
@REHABILITATION FACILITY	9	29	\$ 626.58	\$ 21.61	.001	\$ 69.62	\$.02
HOSPITAL BASED	1	13	287.54	22.12	.000	287.54	.01
INDEPENDENT FACILITY	8	16	339.04	21.19	.001	42.38	.01
@LABORATORY FACILITY	1,184	4,413	\$ 84,539.26	\$ 19.16	.160	\$ 71.40	\$ 3.06
PATHOLOGY	1,147	4,358	84,239.28	19.33	.158	73.44	3.05
XO AND OTHERS	37	55	299.98	5.45	.002	8.11	.01
@ORGANIZED OUTPATIENT CLINIC	3,662	6,229	\$ 551,746.15	\$ 88.58	.226	\$ 150.67	\$ 19.99
CLINIC	168	616	16,819.19	27.30	.022	100.11	.61
SURGICENTER	23	72	7,028.72	97.62	.003	305.60	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 3,497 5,541 527,898.24 95.27 .201 150.96 19.12 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,112 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

IKINIII COONII	SOMMAN OF SERV	TVICES FOR 00 TOTA		KIIFIED		MONTHLY AVERAGE					
27,607 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	AVERAGE COST			-	OST PER		
Z/,007 EDIGIDDES	ODERO	OR DAYS OF CARE		EXIENDITORES	PER UNIT/DAY		USER		LIGIBLE		
@ALL OTHER PROVIDERS	2,209	73,137	\$	398,364.91	\$ 5.45	2.649			14.43		
DURABLE MED. EQUIP.	2 , 203	736	۲		144.95	.027	570.50	Y	3.86		
BLOOD BANK	0	, 50		.00	.00	.000	.00		.00		
HEARING AID DISPENSERS	56	87		13,227.83	152.04	.003	236.21		.48		
MEDICAL TRANSPORTATION	369	8 , 712		139,103.49	15.97	.316	376.97		5.04		
AMBULANCES/AIR TRANS	223	5,346		71,265.65	13.33	.194	319.58		2.58		
OTHER TRANS	23	736		3,740.20	5.08	.027	162.62		.14		
OTHER SERVICES	150	2,630		·	24.37	.095	427.32		2.32		
ACUPUNCTURE	4	2,030 4		•	24.33	.000	24.33		.00		
ADULT DAY HEALTH CARE CTR	13	104		6 , 957.27	66.90	.004	535.17		.25		
GENETIC DISEASE TESTING	59	59		5,002.00	84.78	.002	84.78		.18		
IHMC, MODEL-NF, NF, AIDS, MSSP	4	59		6,464.26	109.56	.002	1616.07		.23		
OCCUPATIONAL THERAPIST	1	8		152.24	19.03	.000	152.24		.01		
OPTICIAN	409	914		10,103.41	11.05	.033	24.70		.37		
PHYSICAL THERAPIST	95	978		13,364.54	13.67	.035	140.68		.48		
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00		
PROSTHETIST/ORTHOTISTS	53	88		8,907.92	101.23	.003	168.07		.32		
PROSTHETICS	32	62		8,028.26	129.49	.002	250.88		.29		
ORTHOTICS	21	26		879.66	33.83	.001	41.89		.03		
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00		
SPEECH AND AUDIOLOGY	27	59		3,181.63	53.93	.002	117.84		.12		
HOSPICE SERVICES	2	8		1,240.42	155.05	.000	620.21		.04		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00		
LOCAL EDUCATION AGENCIES	337	1,847		22,081.68	11.96	.067	65.52		.80		
EPSDT SUPPLEMENTAL SERVICE	0	1,017		.00	.00	.000	.00		.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00		
ALL OTHER PROVIDERS	764	59,474		61,797.08		2.154	80.89		2.24		
@CALIF. CHILDREN SERVICES*	90	1,389	\$	•	\$ 170.79	.050			8.59		
@XOVER EXCLUDING STATE HOSP**		17,366	\$	•	\$ 17.63	.629			11.09		
@* TOTALS IN THESE LINES ARE	•	•	'	•	¥ 11.00	. 029	7 100.00	Y	11.09		
THE AMOUNTS ARE ALBEADY IN				·							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.